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June 25, 1988

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**Tanna surveys  
members on  
supervision**

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**Society backs  
Scottish needle  
sales scheme**

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**AESGP unveils  
its 'Passport  
to Europe'**

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**Topics in  
treatment**

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**Pharmacy  
economics**

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**Varta — 100  
years of  
battery power**

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# COMMENT

One of the characteristics of a free and democratic society is the vigorous and public exchange of views and information. This is deemed to be a universal right with proof of such discourse freely available in an unfettered media. The Royal Pharmaceutical Society of Great Britain is a part of such a society so it is refreshing, for once, to see evidence of open debate on that vexed question of supervision in the last Council report (last week, p1180). However, it is worth noting that, like it or not, pharmacy is blessed with its own stoically silent majority and with a Council which, perhaps too often, resorts to closed discussion to conceal from members much of the debate that precedes those decisions directly affecting members.

Council chose to make public all the debate surrounding its decision to remain unmoved by John Davies' motion, that pharmacists must check each made-up prescription before it is delivered to the patient, which was passed by a large majority at the annual meeting. It could hardly have done anything else, particularly when Council members themselves question the quality of their own public relations exercise, drawing attention to the privacy of debate thus far.

Council evidently is conscious of a certain inability to get its message across — hence president Bernard Silverman's resumé of its position at the AGM, and the secretary and registrar's signed article in the official organ last week. In it John Ferguson called on members to respect Council's decision as final and, forthwith, to give that body its wholehearted support.

C&D itself supports the Council stance on supervision. While we would not deny there are risks involved, we champion the opportunity for pharmacists themselves to determine how to professionally supervise and control the sale of medicines on and off prescription. Nevertheless, it is appropriate to give the membership one last chance to air its views. Ashwin Tanna's personal survey affords that opportunity (p1233).

Doubtless Council will note the response of the membership without feeling bound in any way by an unsupportive vote. Council has had its last word, so it is proper that the membership should have a similar chance now that it is at last in full possession of Council's definitive views on supervision.



# Co-operation urged on sales to addicts

The Royal Pharmaceutical Society is encouraging pharmacists in Scotland to co-operate with health boards on schemes for the sale of syringes and needles to addicts.

The Society's stance follows the announcement by Michael Forsyth, Health Minister at the Scottish Office, that health boards are being asked to promote local discussions to establish the need for such schemes and the number of pharmacists willing to sell equipment to meet that need.

Mr Forsyth said the move was in recognition of the particularly significant problem of HIV infection in drug misusers in Scotland. "Of those who have been found HIV positive, over 50 per cent are injecting," he said.

Mr Forsyth says the plan is to facilitate sales as a normal commercial transaction between pharmacists and customers. "Boards are, however, being asked to provide pharmacists with information about local support services. They are also being asked to ensure that adequate facilities are available for the disposal of used equipment."

Pharmacists are to be encouraged to provide disposal facilities, but it would not be a condition of sale that used equipment is first returned.

The Scottish Office has also issued guidance in its circular to health boards on the procedures and conditions for the sale of equipment (see right). It suggests that the equipment preferred by users are syringes of at least 2ml capacity with wide gauge needles. "Not more than five syringes should be sold on each visit. Pharmacists should exercise professional discretion with regard to the frequency of sales to each customer."

The Scottish Office suggests misusers could get information from a central telephone number, but the privacy of pharmacists participating in sales should be protected — pharmacists might be concerned about the effect of syringe sales on other customers; drug misusers may be deterred from buying if the pharmacies making sales became widely known, it says.

Mr Forsyth has also considered the legal position for pharmacists who undertake such services — the existence in Scotland of the common law crime of reckless conduct makes it impossible to say that the supply of needles and syringes to be used for injecting Controlled Drugs could never amount to the commission of a criminal offence.

"While no general unqualified assurance of immunity from prosecution will be given, the Lord Advocate has said that he would not authorise the prosecution of any pharmacists for selling needles and syringes to drug misusers, provided the pharmacist has acted in accordance with the conditions and procedures of the circular," Mr Forsyth said.

Health boards have been asked to report to the SHHD by September 30 on the number of pharmacists willing to participate in the scheme, if sales have started, and what disposal facilities are available.

The RPSGB, in a speedy response, says that it expects sales will be made from only a number of designated pharmacies whose owners have expressed a wish to participate and who comply with the guidelines, issued by the SHHD, which the Society says are acceptable, being similar to its own.

The Society welcomes the statement that pharmacists selling equipment will not be liable to prosecution, and approves that return of equipment will not be a condition of further sale. "If pharmacies are to be used for the collection of used equipment, the arrangements should present no possible hazard to staff and customers, and participation by pharmacies should be voluntary," the Society says.

## Guidance on the sale of injecting equipment by pharmacists

■ 1. The pharmacist should operate on the basis of the need for sales in the locality of the pharmacy, as established in discussions promoted by the health board with the area pharmaceutical committee, the area medical committee, and the drug liaison committee (where one is in operation).

■ 2. The pharmacist should operate in accordance with guidance from the Health Board on the number of pharmacists who need to take part in the locality of the pharmacy.

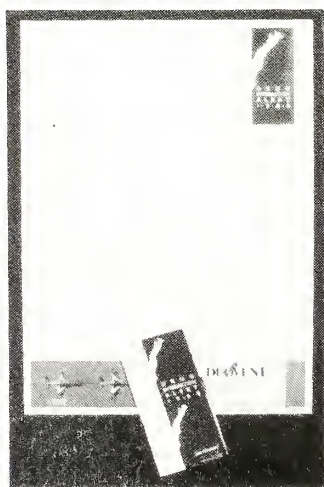
■ 3. The supply of syringes and needles should always be made by the pharmacist.

■ 4. Supply should be accompanied by advice and encouragement to make use of local drug advisory services; a leaflet devised locally may be used for this purpose. Other relevant health education leaflets should be available in the pharmacy.

■ 5. The pharmacist should encourage all drug misusers buying needles and syringes to dispose of used equipment safely. Wherever possible disposal facilities should be available at pharmacies selling needles and syringes. Any sharps disposal box should be stored in a secure place within the pharmacy.

■ 6. The pharmacist should sell no more than five syringes and needles to each customer on each visit.

■ 7. The pharmacist should exercise professional judgement in relation to the frequency of sale to each customer, taking account of his or her experience of intravenous drug misusers in the locality.



The 1988 edition of *Boehringer's Drug Interaction Alert* is available to pharmacists free of charge. Copies from Field Services Department, *Boehringer Ingelheim Ltd*, Ellesfield Avenue, Bracknell, Berkshire RG12 4YS or ring 0344 424600 ext. 231

## Plans for HAS under fire

The director of the National Association of Health Authorities (NAHA) has criticised the idea that health authorities be replaced by a district management board.

Mr Philip Hunt was concerned that these new bodies, mainly consisting of professional health managers, would lose touch with local lay people. "Is it not helpful to have local people against whom ideas can be tested?" he asked.

Criticism was also aimed at the Institute's suggestion that Community Health Councils should be strengthened to balance the loss of consumer power, making the decision process even longer. Another suggestion that health authorities should be established as local boards of management would run the risk of losing public confidence, he said.

## New advertising powers

The Director General of Fair Trading has been given new powers to stop misleading advertisements.

The new regulations which came into force on June 20 will provide extra protection without replacing the controls which already exist. The Control of Misleading Advertisements Regulations (SI 1988 No. 915, £1.60 HMSO) will give the Director General of Fair Trading the power to ask courts to stop a misleading advertisement by means of an injunction.

The new power covers all advertisements except those on commercial TV or radio or on cable services. The Independent Broadcasting Authority and the Cable Authority are given new

duties in these areas.

The majority of complaints will continue to be handled by local authority trading standards departments and the Advertising Standards Authority. The new regulations bring the UK into line with the EEC.

The Government has rejected a suggestion by MP Tony Marlow (Con) that it should introduce an additional tax on alcohol and tobacco with the proceeds devoted entirely to the NHS.

Mr Peter Lilley, Economic Secretary to the Treasury, stated: "It is not the Government's policy to introduce taxes whose revenues are given hypothetically to particular programmes".



# Syringe schemes reach new groups

Pilot syringe distribution schemes appear to be reaching groups — older (over 24), longer-term injectors — not normally reached by services targetted at drug misusers, says a new report.

According to the preliminary results of a DHSS survey, reported in the *British Medical Journal*, when questioned on

reasons for visiting a centre, over half of new patients (56 per cent), said that worry about AIDS was their reason for attending, while 38 per cent said that it was the lack of equipment.

More than half of responders obtained their syringes from pharmacists (57 per cent), the report said. The mean number of syringes received at each visit was seven (range one to 31), and the rate of exchange 78 per cent (31 to 108 per cent).

The pilot schemes launched last April, operated from 15 centres in England and Scotland, and included pharmacists in Sheffield, drug dependency clinics and advice centres. Some 1,800 have attended. The majority were multiple drug users. While the preferred drug was heroin (57 per

cent), some had injected methadone, cocaine, barbiturates and tranquillisers.

The initial guidelines from the DHSS had asked for advice on safer sex and HIV testing to be given, along with counselling for drug problems. The report found that the extent, intensity and quality of counselling provided varied considerably.

And it concludes that where new schemes are set up, they should be publicised carefully to establish their reputation with drug users, and that adequate supplies of injecting equipment should be issued.

The researchers added that they plan to study whether these schemes are encouraging drug users to change from behaviour that may spread HIV.



Mr Donald Provost of Provost Chemist, Walsall, receives a radio/cassette player from Joanna Barton, product manager for Mackenzies Smelling Salts, as winner of their local display competition

## Fluvoxamine not to blame for reported deaths

The Department of Health says that subsequent analysis of six "yellow card" reports of death associated with fluvoxamine suggests that death was not due to the drug.

The DHSS says that adverse reaction reports to the Committee on Safety of Medicines do not necessarily imply a causal relationship. "Two of the six deaths are more likely to have resulted from adverse reactions to other drugs taken at the same time; the other four were probably not related to the use of fluvoxamine (Faverin) or any other drugs the patient was taking at the time," the DHSS says.

It concludes that there is currently no evidence to suggest that fluvoxamine is less safe than alternative antidepressants (see also *Letters*, p1276).

**C&D Price Service:** The formulation shown for Anadin Paracetamol in the Price List should read "paracetamol 500mg" and not as shown. The error will be corrected in the August List.

## 'What do you, the member, think of supervision?'

A personal survey by Ashwin Tanna, MRPharmS

The Council of the Royal Pharmaceutical Society of Great Britain has decided (*C&D*, last week p1180) by 19 votes to three *not* to give any urgent consideration to the implication and adoption of the motion passed at 147th annual meeting of the Society held on May 11.

That motion, which was passed by a majority of two to one, stated: "It is the opinion of this meeting that although the pharmacist, at his discretion, need not be directly involved in the dispensing process, he must, in the interest of the patient, check each made up prescription before it is delivered to the patient, with or without counselling at the

pharmacist's discretion."

Some 65 of the 67 Society branches responding to the consultative document on Council's views on the Nuffield Report commented on supervision of dispensing. Of these, 39 branches were opposed to any change in the current supervision procedures, while 21 branches expressed full or qualified support for the Council's proposal. That represents two to one against any change — yet the Council, in their wisdom, has ignored the wishes of the membership.

It was suggested in the Council's debate that those who were present at the AGM were

small in numbers and, therefore, could not truly reflect the wishes of the membership, and also that the PR exercise by the Council had not been clearly understood by the membership.

However, I am convinced that those present at the AGM did reflect the true democratic voice.

The issue is one that must be put to the membership in a form of referendum about the AGM motion. Please kindly return the accompanying form and return to me *c/o C&D* deleting the word *agree/disagree* as appropriate.

*A Tanna*

I AGREE/DISAGREE with the motion which was passed at the AGM of the Royal Pharmaceutical Society held on May 11.

Signed: .....

Name: .....

Address or pharmacy stamp: .....

Membership No: ..... Comments: (if any) .....

Please send your reply to: Mr A. Tanna, c/o Chemist & Druggist, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

ASHWIN  
TANNA

PHARMACEUTICAL SOCIETY  
COUNCIL

ASHWIN  
TANNA

Ashwin was due to speak now on 'How pharmacists should remain on their premises at all times,' only he couldn't leave his shop



# Smoke signals on styling aids

Hair created with styling gels, mousses or sprays is more flammable, according to a new survey by Greenwich Borough Council.

Stephen Weigel, head of consumer services for the Council said that in trials, a ponytail of hair "treated" with one of 27 styling agents generally burned at a higher temperature, with higher flames, for longer, and with more damage, than an untreated ponytail.

He told *C&D* that, for example, results from tests on 27 products gave an average burning time of 31.5 seconds for hair treated with gels and 27 seconds for mousses, compared to 15 seconds for untreated hair. The height of the flames in the tests were 16cm for gel-treated hair,

compared to 7.5cm for untreated hair.

However, the report concludes that "the distribution of individual results owes more to the physical arrangement of the hair samples which were affected by the gels or mousses".

Mr Weigel said he was not trying to get the products banned by publishing his survey. But a lot of people I have contacted socially do not realise that these products affect the flammability of their hair". He said he would like to see warnings on cans over and above that detailing dangers during application.

He said he would be asking the Consumer Safety Unit of the Department of Trade to do its own basic research and to examine whether using two or more of the

products posed an added risk.

Marion Kelly, director of the Cosmetic, Toiletry and Perfumery Association, told *C&D* that a number of CTPA members had conducted their own tests following earlier investigations by Greenwich Council. "The report tends to confirm our findings that there is a wide variation depending on the hair styling. As the volume of style increases, so the quantity of oxygen to maintain combustion increases," she said.

To overcome this a meaningful and reproducible test was developed using a woollen fabric similar to hair as a support substrate.

## Animal feed Regulations

Regulations which consolidate with amendments the Medicines (Labelling of Medicated Animal Feeding Stuffs) Regulations 1973 and that part of the Medicines (Labelling) Regulations 1976, as amended, which dealt with medicinal products for incorporation in animal feeding stuffs come into effect on July 7 and November 1.

The main changes effected by the new Regulations are: the requirement to specify in certain cases a withdrawal period before an animal treated with a medicated feeding stuff is killed for human consumption, and to increase the maximum fine for an offence against the Regulations or certain labelling provisions of the Medicines Act 1968 from £400 to £2,000.

The changes are effected by the *Medicines (Labelling of Medicinal Products for Incorporation in Animal Feeding Stuffs) Regulations 1988*. SI 1988 No. 1009. £2.60 from HMSO.

## Technician courses lacking claims YPG

A working party set up by the Young Pharmacists Group, to study courses provided for "suitably qualified persons" — the staff who would be allowed to perform certain tasks under any new relaxed supervision rules —

was hindered by the lack of guidance provided by the Society's Council in definition of a "qualified person".

The working party based its study on the Council's conclusions on the training for "qualified persons" in the Nuffield Report, which divided training into two sections — general requirements covering education and specific requirements relating to practical work.

In its conclusions it found that while all technician courses — Boots, NPA, Secretary of Apothecaries, BTEC — covered the general education requirements, none covered all the specific requirements. In particular, it revealed that no course covered prescription interpretation, and only one, skills of communication. Computers, record keeping and oxygen therapy were also poorly covered.

YPG recommended that all items should be examined through a test of competence and work experience should not be relied upon, with a single course covering all the necessary items. And the YPG said Council should define, after full and open debate within the profession, the requirements for "qualified person", so that an appropriate course can be designed without delay.

## Seven Seas defend Minadex

Seven Seas Health Care have hit back at adverse Press comment about their new multivitamin and mineral formulation Minadex Boost Increased Quota. The product was launched following media and public interest arising out of a BBC "QED" programme on research that appeared to demonstrate that multivitamin and mineral supplementation improves the learning ability of teenagers and helps modify aggressive behaviour.

But last week *The Guardian* said that advertising claims for Minadex Boost Increased Quota and other products were being investigated by the Advertising Standards Authority. The paper further alleged that Boots were refusing to stock multivitamin and multimineral formulations aimed specifically at teenagers.

Seven Seas say: "Press comment has been grossly misleading. Our product is being stocked by Boots and will be on sale shortly."

The ASA says it has received four complaints about Seven Seas' advertising.



*LRC contributed £50,000 to the recent Telethon appeal. Clive Kitchener, director/divisional general manager, is seen presenting the company's cheque to Michael Aspel on behalf of the Millionaid fund raising scheme in which LRC donated money each time they were sent Kitemarks from Durex packs*

## Peers back NHS research group

Peers have strongly backed a proposal for a national health research authority as an integral part of the NHS.

The proposal, made by the Lords Select Committee on Science and Technology in its report on priorities in medical research, met with a stonewalling response from Lord Skelmersdale, Under Secretary at the DHSS, in a debate in the Lords last week.

Lord Nelson (Con), chairman of the Select Committee, argued that the new body would fill a gap in the administration of the NHS.

He said: "Its function is not to control research but to ensure that research has its rightful place within the NHS, that its importance is understood at all levels within that service, and that its results are fully exploited in the interests of patient care".

Lord Kearton (Ind), a member of the Committee, explained that the main purpose of the new body would be to bring the NHS into the mainstream of the medical scene, both in outlining its needs and seeing that the fruits of research were systematically transferred into results.



## Additions to ZD list

The National Prescription Research Centre has released the names of products which will be added to the nil discount (ZD) list on page 5 of the Drug Tariff from July 1. They are:

Alternative medicines/homoeopathic products (Cantassium/Lamberts/Nelson/Weleda)  
Cesamet capsules 1mg (Lilly)  
Covermark products listed ACBS (Charles Fox)  
Dermocolor products listed ACBS (Steiffel)  
Eye drops (special formula available only from hospitals)  
Foods not ACBS approved  
Furamide tablets (Boots)  
Gammabulin (Immuno)  
Gamimune-N (Cutler)  
Geistlich Sons Ltd (products)  
HSL catarrh vaccine (Harley Street Laboratories)  
Intraglobulin (Biotest Folex)  
Intron A injection (Kirby-Warrick)  
Iscador injection (Weleda)  
Kabiglobulin (Kabivitrum)  
Keromask products listed ACBS (Innoxia)  
Roferon-A injection (Roche)  
Sandimmun infusion and oral solution (Sandoz)  
Somatonorm 4 IU (Kabivitrum)  
Ticar infusion/injection (Beecham)  
Wellferon injection (Wellcome Foundation)

## Less interest in pharmacy

Applications for university pharmacy courses are 7.2 per cent down on last year.

By May 26, the Universities Central Council on Admissions had received 2,960 forms with pharmacy as a first choice, compared with 3,216 by the same date last year. Applications for all university courses are up 4.4 per cent, to 180,573.

## £250 fine

Robert Edwin McWilliams, a pharmacist and director of R.E. McWilliams (Chemists) Ltd, Markethill, co Armagh, was prosecuted last month by the DHSS.

Mr McWilliams was fined £250 in respect of five charges relating to the sale of medicinal products for veterinary purposes otherwise than in accordance with a prescription. The company was similarly fined.

# TOPICAL REFLECTIONS

by Xrayser

## The apologist

In John Ferguson FRPharmS, we have the true apologist for Council. In the *PJ* last week we had his admirable defence of Council's decision to disregard the wishes of the majority of its members. He tells us every view expressed was given due weight but, by the most curious of physics, the weight of opinion of the majority of members is deemed to be weightless.

A statement in his summary says: "The present law does not require a final check of each dispensed medicine by a pharmacist. Such a change would not in the Council's view be in accordance with the wishes of the great majority of pharmacists". I suggest it is no minor sophistry which can so invert the truth to support an argument. The reality is that every pharmacist I know makes it an essential part of procedure to check the final dispensed product before it passes into the hands of the patient. Yet we are being told it is enough for us to see the scripts and delegate the dispensing.

Not long ago the National Pharmaceutical Association pointed out the need to check and re-check each script before it is put into the hands of the patient. The Society counters this by saying it is up to the individual member to lay down his own rules. Why make a change?

The John Davies' motion accurately reflects the judgment of most contractor pharmacists as to the proper performance of their duty, although an amendment permitting a product already dispensed and checked by the pharmacist, to be handed over to the patient in his absence, would be welcome. But that's it. If we are allowed merely to advise on the pharmaceutical aspects of individual scripts, and can then pass responsibility to dispensers to carry out the work without further oversight then we shall ultimately be deemed peripheral to that work.

If we are permitted to remove ourselves from the premises while the



work is being done and handed out, the need for that presence may be questioned, and weighed against the cost savings. It is our full time presence and our participating oversight which is the foundation strength of community pharmacy. We have reason to question the smooth apologia from John Ferguson, and particularly his last sentence: "What is required now, and what the Council has a right to expect, is the wholehearted support of the membership." Neither Executive nor Council has the right

in these circumstances . . .

## Dreary old LPCs...?

From the report of the LPC Conference 1988 it would appear this was the dreariest ever held (last week, p1205). But dreary isn't necessarily a waste of time, being perhaps a mark of unanimity which thoughtful pharmacists should welcome.

Maybe we should lament the passing of those turbulent spirits who, from needs of ego or conviction, had to get up on these occasions for the fierce delight of public debate. I remember years ago the universal groan which marked the movement to the rostrum of one delegate lightened a little by the cry from the back . . . "Name please?"

Having looked at the report I am warmed to see Essex proposing PSNC renegotiate the PC/PNC convention to give us the right to make suitable amendments, other than dose and quantity, without the script having to be countersigned by the GP. It has always seemed a most humiliating that we are prevented from making amendments or corrective notes on scripts in our own right. I was surprised to see Dorset's resolution "to maintain the supervision requirement as at present." In view of the Branch rep's meeting this was old hat. But with Council's astonishing decision to go against the instructions from its delegate members, guess who was wrong again?



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## **UniChem Action for Pharmacy**

This advertisement has been issued by UniChem Limited ("the Society") in order to promote its scheme for the increase by Members of their shareholdings in the Society. It has been approved by Phillips & Drew Securities Limited which provides corporate finance services to the Society. If you are in any doubt about the implications of the Share Scheme you are recommended to obtain the advice of your investment advisers.

Under the Society's rules the shares may not currently be transferred or sold to any third party. The shares will only become transferable if the Society is converted into a Public Limited Company following an appropriate resolution of the Members in General Meeting.



# COUNTERPOINTS

## Ultra Glow go for burgundy

Ultra Glow have repackaged their cosmetic range, added new products and launched a versatile merchandising system.

The company has replaced the old brown pot with burgundy coloured packaging, boxed in mottled burgundy cartons both featuring simple graphics. It's designed to give a classic but modern look so to appeal to a wider audience.

A co-ordinating merchandising system is being launched, which is designed to fit any given counter space, from a single unit to a 2ft 6in bar, and is to allow for any future additions to the range. Posters and showcards are also available.

All the range will be packaged in the new look, and will now include a range of brushes in co-ordinating colours (brush £3.75, super duster £5.95) and a range of "eyelines". This includes liner pencils, in black, brilliant blue and bronze (£2.50) and mascara in black and brilliant blue (£3.95), with a cap incorporating a lash comb. *Ultra Glow Ltd. Tel: 01-607 9983.*

## Andrex pups up again!

The Andrex puppy is back in a television campaign aimed to convey value for money, strength and quality of the Andrex product. The campaign goes out on ITV, Channel 4 and TV-am. *Scott Ltd. Tel: 0342 27191.*



## Limara roll out the roll-ons

The Limara brand has been extended with the launch of a premium priced complementary range of roll-on deodorants. Another fragrance has also been introduced into the body spray range called Overnight Sensation.

Limara perfumed antiperspirant roll-on deodorants (50ml £0.99) are packaged in clear glass bottles labelled to match the body sprays, and will allow fragrance layering, says the company. Initially only five fragrances will be available. Overnight Sensation and Elusive Dream will now be brought in over the next few months.

Smith & Nephew say the current interest in alternatives to CFC aerosol products makes the roll-on sector, the second largest in the antiperspirant deodorant market, of interest. Two thirds of body spray users, who tend to be in the teenage and under 25 age groups, also use deodorants. The new line is pitched around 30p higher than other roll-ons, such as Mum and Sure, but Smith & Nephew say the market is under priced compared to spray products. It also has a heavy female bias.

To support the launch there will be in-store couponing, demonstrations and linked promotions with the body sprays. A sell faster unit will be offered to independents with four bottles of

each fragrance (but eight of the most popular, Romantic Fantasy) priced at around £16 trade.

The new body spray fragrance, Overnight Sensation, follows the latest "floriental" fine fragrance trend and is designed to appeal to youngsters who form the core of users. Packaging, in vivid tangerine, is in line with the rest of the range.

A sampling campaign for the new fragrance will use "fragrance burst" sachets which will be available via the sales force for point of sale use. A 20p off next purchase coupon will be included which will be valid for the whole range. The promotion will start mid-July.

A 33.3 per cent extra promotion is also being rolled out. It is currently in Boots and will reach independents in about four weeks, ending mid-September.

Additionally an on-pack offer of a two piece underwear set is planned for later in the Summer.

Television support for the entire range carries the message that "Limara is the only language a body needs". A £1m campaign breaks for four weeks on July 11 in London, TVS, Central, Tyne Tees, Yorkshire, HTV and Granada, which should be seen at least six times by the target market of 16-34 year old women. *Smith & Nephew Consumer Products Ltd. Tel: 021-327 4750.*

## Perfumes at a price from RWS

A good smell at affordable prices is to be offered in a range of six fragrances by RWS. Optimum, Buon, Giorno, Alexandra, White Night, Poseidon and Zanzibar all retail at £4.99. Body sprays are also available at under £2. New products will be added to the men's range later this year. *RWS Ltd. Tel: 0280 704367.*



## New York trip by Colour Story

Poly Hair Care are running a competition open to all purchasers of Colour Story from early July to closing date September 30.

The first prize is a trip to New York by Concorde and return on the QE2, with three nights in the Waldorf Astoria and US\$1,000 to spend. All consumers completing the application form and enclosing a proof of purchase will receive a £1 coin.

Window posters, shelf wobblers and leaflet holders will be available. *Warner Lambert Health Care. Tel: 0703 619791.*



## £1.5m launch for Houbigant Demi-Jour

Demi-Jour is the latest fragrance collection from Houbigant. It is to be available to existing account holders from August and is to be supported with a £1.3m television advertising campaign.

Demi-Jour is described as a "modern fragrance with a classic soul" and is to be available as parfum (10ml, £45 rrp), eau de parfum spray (100ml, £27; 50ml, £19), eau de toilette flacon (250ml £35), body lotion (250ml £13) and perfumed powder (150g £19). The products come in crystal containers capped with silver.

Demi-Jour is expected to be on shelf from the beginning of September in around 600 stores the majority of which will be chemists, split roughly 50/50 between Boots and independents.

National television advertising breaks in the second half of September and is to run in November and December as well. A £250,000 Press advertising campaign is planned in women's glossy "prestige" magazines with greatest exposure around Christmas, say Houbigant Ltd. Tel: 0293 820121.

## Vitapointe gets spread

Vitapointe conditioner with UV screen is being supported with advertising in *Woman's Journal*, *TV Times*, *Family Circle* and *Living*. The campaign commenced this month with full colour single and double page spreads. The brand was relaunched in April *Ashe Consumer Products Ltd*. Tel: 0372 376151.

## Free cups for some from Milupa

Milupa are offering through Cross & Herbert, Drummonds, E. Moss, Kingswood, Lloyds and Savory & Moore, free drinking cups to give away to mothers who purchase any two herbal baby drinks, in July and August. The quality cups have to handles and a screw-on spouted top. *Milupa Ltd*. Tel: 01-573 9966.

## Hand soap from Dettol

Dettol's hand soap is a new addition to the Dettol range. The soap is designed to complement the existing Dettol products and to fill the need for a gentle hand cleanser for all the family.

The soap contains two germicides — triclosan 0.1 per cent and chloroxylenol 0.5 per cent. It has a striking yellow colour, and a pine fragrance.

Dettol hand soap will benefit from a major sampling campaign in which over one million 25g trial bars will be given away free from July 4 banded to each 500ml and 750ml bottle of Dettol. In addition, 1.2 million samples will be distributed free with *Woman's Own*. The soap will also have the



support of a £2 million pound television and radio advertising campaign running throughout the Summer. *Reckitt & Colman Ltd, Pharmaceutical Division*. Tel: 0482 223141.

## The Brylcreem boys are back!



The last few years have seen a revolution in men's grooming rituals, say Beecham and it has persuaded them to launch a range of four bathroom toiletries aimed at the younger modern man.

The range covers cleansing, grooming, haircare and finishing, and in black livery.

For the cleansing routine there is Brylcreem shower gel (£1.29), described as a light body shampoo, Brylcreem mild shampoo (£0.99), suitable for

frequent use, and Brylcreem shaving foam (£0.99).

For grooming there is an antiperspirant deodorant spray (£1.09) or stick (£1.29) and Brylcreem talc (£1.09). In the haircare area Brylcreem gel, modelling gel, styling mousse and fixing spray all come at £1.19.

To finish off there is Brylcreem body splash (£2.99), deodorant body spray (£1.19) and aftershave (£4.99). *Beecham Toiletries*. Tel: 01-560 5151.

## Loulou goes for the body

Cacharel are to launch the new Loulou Body Collection range in blue and red heavy-weight plastic in September. This includes: body cream (150ml £25), dusting powder with puff (100g £19.95) talc in a tin (£9.95), perfumed body lotion (200ml £14.95), deodorant spray (150ml £8.95), bath and shower gel (200ml £12.95), soap in a dish (£7.95) and

soap refill (£5.95).

Advertising on radio and in Sunday supplements commences in September, with double page spreads in the women's Press during October and November. A special offer of a miniature bath collection for each sale of Loulou eau de cologne will be available. *Parfums Cacharel*. Tel: 01-937 5454.

## Soft drinks, hard sell

Beecham Bovril Brands have announced a £4.5 million spend on Summer advertising for the Ribena range, including three new television commercials and a national cinema campaign.

Activity starts with a £1 million campaign devoted to the ready-to-drink range, running for six weeks until September. The beginning of July sees the launch of a commercial for Ribena's newest product, Ribena Dry, targeted at adults. The commercial will run nationally throughout July and early August.

The Ribenaberries pop up again in a new Ribena bottles commercial to be shown nationally during September.

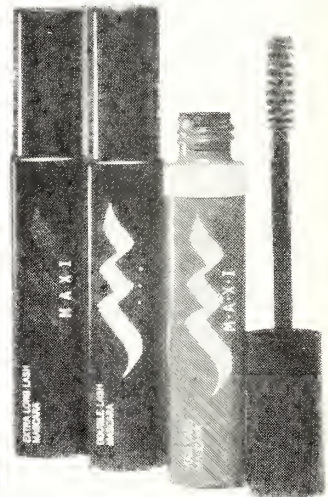
Sparkling Ribena and Diet Sparkling Ribena is currently supported with an eight month cinema advertising campaign, featured on 95 per cent of all cinema screens nationwide. *Beecham Bovril Brands*. Tel: 01-560 5151.

## Slow change for Maxi

Maxi will be phasing in a total relaunch of their cosmetic range between this July and April of next year. Existing ivory packaging will be replaced by graphite grey with a logo in white and a red squiggle.

Phase one which will be in store by July includes, Maxi Moist lipstick (£1.79) in 12 shades, Soft Lustre lipstick (£1.99) in 28 shades and Endless Shine nail enamel (£1.59) in 28 shades.

Phase two, in store by September, includes Maxi Lash mascara in eight shades, Long Lash in five shades and Double Lash mascara (all £1.99) in four shades. *Max Factor Ltd*. Tel: 01-568 4333.

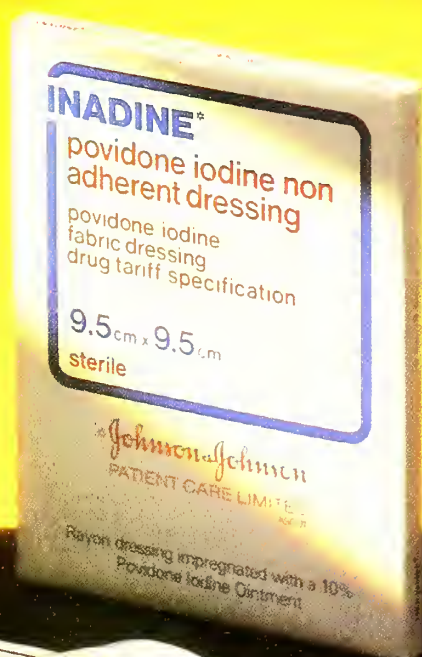




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**Johnson & Johnson**  
PATIENT CARE LIMITED

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**Dosage and Administration:** The dressing is for topical use only, for adults and children

**Uses:** As a topical wound dressing providing prophylactic treatment of infection in burns and minor traumatic skin loss injuries. As a dressing for adjunctive therapy in the treatment of ulcerative wounds.

**Contra-indications:** Known allergy to Povidone Iodine or to Iodine. Not more than four dressings to be applied at the same time. Do not use for longer than one week without consulting a doctor. For ulcerative wounds, deeper burns and injuries a doctor should be consulted.

**Legal Category:** General Sales List.

**Basic Cost to NHS:** 5cm x 5cm 14p per dressing code 01480  
9.5cm x 9.5cm 26p per dressing code 01490.

**Product Licence Number:** PL0084/0022.  
PL held by Johnson & Johnson Management Ltd  
SL6 3UG

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**Johnson & Johnson**  
PATIENT CARE LIMITED

Coronation Road  
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# Three good reasons for

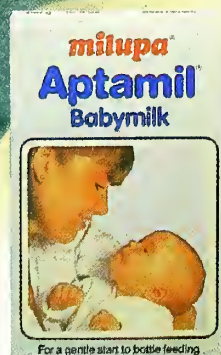


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*A well-digested babymilk for the baby bottle-fed from birth, or moving on from breast milk.*





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Unfortunately you can't stock breast milk, but you can stock the very best alternative – Milupa Babymilks, Aptamil and Milumil. More and more hospitals and clinics are using Milupa Babymilks than ever

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IMPORTANT: Breast milk is the best milk for a baby. A doctor, midwife, nurse or health visitor should be consulted for any advice needed. If a babymilk is used it is important for the baby's health that all preparation instructions are followed carefully.

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Telephone: 01-573 9966.

## **Milumil®**

*A well-accepted babymilk with higher levels of protein and carbohydrate. Full nourishment for up to 12 months of age.*





## New look for Varta batteries

Varta are simplifying and relaunching their range of consumer batteries for the UK.

From next month pharmacists will be offered, via Chemist Brokers, the Black Range (alkaline long life batteries) and the Silver Range (zinc chloride cells) of batteries covering the five most popular sizes, said by Varta to account for 95 per cent of consumer battery sales.

New packaging for the batteries features individual compartments for each battery so they can be taken from carded multipacks and used one at a time. A "fresh by date" indicates how long the batteries will last.

The relaunched products are to be advertised on television around Christmas time in the two regions where Varta enjoy their best distribution in the UK — Scottish and Harlech — with a spend of £200,000.

There are also to be on-pack offers and in-store consumer promotions.

To encourage people to try the batteries there is to be a "challenge" during the launch period which offers a free pack of batteries to consumers who do not think Varta batteries last as long as other brands.

Point of sale material is to be available. And Varta recommend pharmacists sell the Black Range at the same level as equivalent Duracell batteries and the Silver Range the same as Ever Ready's Silver Seal products.

Distributed by Chemist Brokers, division of Food Brokers Ltd. Tel: 0702 219900.

Robinsons have introduced a new size of 80s cotton wool balls (£8.38 for 12 trade). Robinsons Healthcare. Tel: 0246 220022.



## Back in the appliances market after 14 years

Morphy Richards are relaunching into the hair appliance market after a gap of 14 years with the Cosmopolitan range.

The range comprises three hairdryers, three styling brushes, a crimper, a curling tong and two gift packs. Advertising backing comes from 28 adverts in teenage, weekly and monthly women's magazines from September to December.

The 1,000w hairdryer (£5.99) has two heat/airflow settings and detachable nozzle while the 1,200w model is a three heat, low noise dryer with a "coolshot" facility to set curls; it also has detachable style nozzle (£9.99). At £29.99 the salon dryer has four heat/airflow settings with a low noise fan.

The curling tong (£3.99) has a built-in stand, and large barrel for fuller curls while the crimper (£14.99) has three sets of interchangeable styling plates

with quick heat-up, on-off light and multi-voltage for travelling.

The dry styling brush sells for £3.99 and has a large barrel; the steam styling brush is multi-voltage, has a swivel cord, cool tips and ready dot indicator (£4.99), and the top of the range steam rotating roller brush has a press button for barrel rotation in addition (£5.99).

Morphy Richards are also introducing a travel pack with alarm clock, travel iron, and the 1,200w hairdryer, packed in a canvas travel pouch. It will sell for £19.99. There is also a cosmetic mirror (£11.99).

Distribution to chemists will be by Robimatic, a wholesaler specialising in delivering small quantities on demand. Minimum parcel size will be 50, carriage paid, with four day delivery, and 20 per cent gross margin. Product will be available from July 1. Robimatic Ltd. Tel: 0403 67528.

## Ever Ready smoke alarm

Ever Ready are to enter the market with a competitively priced smoke alarm with a three year guarantee. The company says that sales of 3 million units are anticipated by the end of 1988 in the UK market, ten times last year's total.

The Ever Ready alarm comes complete with battery, fittings and instructions. A test button confirms that the circuitry and horn are functioning, a device shows when batteries are low, and a confidence light is provided. Packed in 20s retail price £9.90. Ever Ready Ltd. 01-882 8661.



## Get fresh!

Domestos Fresh is a thick bleach with the same anti-microbial and cleaning power as regular Domestos but with a fresh new fragrance. It is available in 739ml directable jet (£0.61) and 1.25 litre family packs (£0.89).

A £3m spend supports the launch, starting with £1.4m Summer TV campaign. Lever Brothers Ltd. Tel: 051-6414169.

THE DRINKS ARE ON US — CHAMPAGNE TOO!

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SUNDRIES, HOUSEHOLD AND DISPOSABLE PRODUCTS.  
INVITES YOU TO AN OPEN HOUSE

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VISIT OUR NEW SHOWROOM — MEET OUR PERSONNEL — HAVE A DRINK ON US.

★ ALL ORDERS RECEIVED OPEN HOUSE WEEK QUALIFY FOR AN ADDITIONAL 2½ % DISCOUNT  
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To make sure no-one misses their charms, we're spending £2.5M on facial tissue advertising.

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BE ASSURED BY THE MARK.

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**50<sup>p</sup> OFF**  
Kleenex  
FAMILY  
TISSUES

**TO THE RETAILER.** This coupon, when presented at the checkout with a case of new KLEENEX\* FAMILY TISSUES, entitles you to a further saving of 50p off the listed price at your local WHOLESALER or CASH AND CARRY.  
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VALID UNTIL 16th SEPTEMBER 1988

Wholesale and Cash and Carry Redemption. Please send to: Retailer, Dept 106, Corby, Northants NN17 1NN

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# THE BRAND IS A GIANT LEAP



With a new formulation, new packaging and three new presentations, New Formula Mycil, the brand leader, is all set to make even bigger strides into the footcare market.

## **THE NEW, EFFECTIVE, 'DOUBLE ACTION' FORMULA**

New Formula Mycil can now include two, highly active, ingredients: TOLNAFTATE BP 1% w/w. A known anti-fungal agent which kills athlete's foot and a powerful Antiseptic. There's now more reason than ever to recommend Mycil to your customers.

## **BRAND NEW PACKAGING AND 3 NEW PRESENTATIONS**

We've added three new presentations to the existing range:

Mycil Powder in Puffer Pack form.

Mycil Athlete's Foot Spray.

Mycil Anti-Perspirant Foot Refresher Spray.

The complete Mycil range has also been given a brand new look. Distinctive new packaging has been designed to reflect Mycil's authority in the market and give the products even greater shelf appeal.



# LEADER TAKES P FORWARD



## **PUBLICITY SUPPORT ADDS A KICK TO YOUR SALES**

A dynamic consumer campaign in national and specialist sporting press.

A highly visible poster campaign in Leisure Centres.

Arresting point-of-sale material.

Media coverage from Mycil's sponsorship of Formula 3000 driver Steve Kempton.

## **STOCK NOW FOR THE SUMMER PEAK...**

Mycil sales take off like a rocket in the summer months. So stock now and be prepared for the big run on New Formula Mycil.

## **...AND THERE'S A SPECIAL DEAL IN STORE FOR YOU**

To help you prepare for the heavy demand this summer we have an eye-catching counter display and attractive bonus offer available. Ask for details from your Evans Representative.



# **New formula MYCIL for healthy feet**

**EVANS** Evans Medical Ltd, Langhurst, Horsham, West Sussex RH12 4QD Telephone (0403) 41400





# NEW IMPROVED NAILOID



# CASH IN HANDS

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**Complete Range**  
**Stylish Packaging**  
**Great Value**  
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**High Profits**

In the nail-care market, Nailoid is traditionally the most sought after name. Even more so now, after last years major relaunch. All the products in the range were reformulated to offer better results than ever before.

They were re-presented, too, in brand new packaging with particularly eye-catching designs. And, in many cases, the amount of product per pack was increased.

To further build the brand's already phenomenal success, we're mounting another massive promotional campaign in 1988. Millions of prospective customers, for example, will read about the advantages of Nailoid in such media as:

National, Daily & Sunday Newspapers  Annabel  
 People's Friend  My Weekly  '19'  Woman's World  
 Cosmopolitan  Family Circle  Just Seventeen  Mizz

It must lead to yet more profit from this consistently high selling brand. So make sure you have the stocks to meet the demand.

***Ring the Nailoid Hotline  
 for a really  
 Superdeal!***



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**0695 20111**





## Convenience in a bottle — Pur launch baby disposables

Pur are launching a disposable bottle and teat baby feeding system that they claim will be the biggest revolution in baby care since the disposable nappy.

Each self-contained sterile teat, cap and 255ml bottle bag unit is hermetically sealed in a compact 5.6mm diameter, 4.2mm deep

unit. After removing the plastic cover the bottle section is unrolled and clipped into a cylindrical, graduated, clear plastic holder (157 x 65mm). The feed can be mixed in the bottle, sealed temporarily with a detachable cap before removing the teat from its foil sealed closure and clipping it to

the bottle neck. The teat is a medium hole, latex type and is claimed to be the only one that need not be touched before use, thus maintaining sterility.

Pur's Richard Bowen says the company hopes to capture 1 per cent of the potential market, which could yield 20,000 sales per day. He notes 15 million sterile teat units are used in UK hospitals each year.

The product is aimed at the bottle feeding mum who may be travelling, picnicing, etc and ideally should be used with ready made milks or juices for added convenience, Mr Bowen says. The product also has a similar convenience for a breast feeding mum who is temporarily be unable to breast feed because of sore nipples etc, but where expressed milk can be used for the feed.

The product is being promoted in the specialist baby Press, through health visitors and midwives, and will be sold to pharmacists by the Jackel sales force. The starter pack comprises a bottle and three teats and sells for £0.99 (48, £8.80 trade) while replacement teats come in 10s at £2.49 (24, £11 trade).

Pur POS aids include shelf talkers and window stickers in a 12 month launch package worth £0.5m. Jackel International. Tel: 091 250 1864.

## Faster slides from Kodak

Kodak are launching two transparency films they claim offer amateur photographers richer colours with higher film speeds.

Kodachrome 200 ASA film will be available late September while Ektachrome 100 HC film (24 exposure, £3.25, 36 £4.39) will be on sale early in July.

Kodak say their Kodachrome 200 film will be the first widely available transparency film with this combination of high sharpness, colour and speed. It uses T-grain technology to present a larger surface to capture photons. Developing is through Kodak Process K-14. The film does not require special handling.

Ektachrome 100 HC film is a medium-speed colour reversal slide film featuring very fine grain, high sharpness, high resolving power, and improved colour, the company says.

Both films are designed for exposure to daylight or electronic flash without filters. They may also be exposed under photoflood (3400K) or tungsten (3200K) illumination with the proper filtration. Kodak Ltd. Tel 0442 61122.

**Teacher Tested!**

**The only vitamins used in the famous school trial**

**AS SEEN ON T.V.**



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(Ideal Quota)

**Vitamins for Schoolchildren**  
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Superb quality toasted Wheatgerm - no artificial flavourings or sugar added. Milled on our own premises for maximum quality control.

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# HANDS TOGETHER FOR A GREAT IDEA FROM

R o b i n s o n s  
SOFT & PURE

ROBINSONS HAVE INTRODUCED A  
TOTALLY NEW NAIL CARE CONCEPT  
- DOUBLE ACTION NAIL POLISH  
WIPEAWAYS. THEY NOT ONLY  
REMOVE NAIL POLISH BUT ALSO  
CONDITION AND MOISTURISE  
WITH LANOLIN SOFTNESS.  
IN CONVENIENT, 'GO-  
ANYWHERE' PACKS, THE  
NEW SOFT & PURE NAIL  
POLISH WIPE WILL RAPIDLY  
BECOME AN ESSENTIAL PART  
OF YOUR CUSTOMERS' BEAUTY  
CARE ROUTINE.



IN FACT, THESE NEW WIPEAWAYS  
ARE THE IDEAL COMPLEMENT  
TO THE POPULAR SOFT & PURE  
RANGE WHICH INCLUDES  
FRAGRANCE-FREE  
MAKE-UP WIPEAWAYS, GENTLE BABY  
LOTION WIPES AND REFRESHINGLY COOL  
FRESH-UPS; ADDED TO A HIGH QUALITY  
SELECTION OF COTTON WOOL  
PRODUCTS.  
SO INTRODUCE YOUR  
CUSTOMERS TO THE  
NEW SOFT & PURE RANGE.  
AND WATCH YOUR  
SALES REACH A  
NEW HIGH.



Robinsons of Chesterfield

ROBINSON & SONS LIMITED, HEALTHCARE, CHESTERFIELD, DERBYSHIRE, S40 1YF



## Travel with Disprol

Reckitt & Colman are mailing pharmacies with a competition based on product knowledge of Disprol. Winners from six areas of the UK will receive £1,000 of Thomas Cook travel bonds to be divided equally between the pharmacist and the assistant making the entry. Runners up from the other areas will receive £200 each to be similarly divided.

The competition commences at the end of June and closes on August 26. *Reckitt & Colman Pharmaceuticals. Tel: 0482 223141.*

## Bayer to raise profile

Bayer are adding two new products to their Sionon Diabetic foods. Currant topped and hazelnut wafer bars will retail at £0.45.

Bayer say they are aiming to raise the level of presentation of their diabetic foods. Support will include a series of talks to diabetic support groups and a recipe booklet later this year. *Bayer UK Ltd. Tel: 0635 39000.*

## Select a free comb

A folding comb is to be available free with Select home perm from Alberto-Culver.

Packs of both variants carrying the folding volume comb worth £1.59 at rrp are to be available from July 1.

Senior product manager, Cris Hill says the offer is designed to give further value for money and generate extra sales. *Alberto Culver Co. Tel: 0256 57222.*



## Alka-Seltzer's lemon fizz

Alka-Seltzer have introduced a lemon flavoured product. The formulation and dosage is the same as the original, aspirin 324mg, citric acid 965mg and sodium bicarbonate 1625mg per tablet. Dosage is two tablets in water for adults, (one for children over 12 years) every four hours, up to four times in 24 hours.

The new lemon flavour and the original will be supported by advertising in the national Press, Sunday supplements and a poster campaign running from July to September. Television advertising in November and December makes for a total advertising spend of £1.3m, say *Bayer (UK) Ltd. Tel: 0635 39000.*

## Mouthwash sales spur oral hygiene market

Increased concern about personal health is one of the reasons given by Mintel for a prediction that the oral hygiene market, worth £190m in 1987, will grow to £199m in 1988.

In a new report, Mintel say development in the market ranges from value added segmentation in mature markets like toothpaste, to newly emerging sectors like mouthwashes and breath fresheners.

The news for chemists is not so good. Mintel report that the grocery trade, and mainly the multiples, are enjoying an increasing proportion of sales.

Mintel split the 1987 market into toothpaste £105m, toothbrushes £32m, denture cleaners and fixatives £27m, mouthwashes and breath fresheners £24m.

Mintel report that in volume terms, the toothpaste market is stagnant, with 1 per cent growth in real terms in 1987 being achieved only through price rises by some manufacturers, the first for many years.

Mintel give Colgate a 30 per cent value share, ahead of Beecham 24 per cent, Gibbs 20 per cent and Procter & Gamble 11 per cent.

Segmentation has continued, Mintel report. Sensitive toothpastes accounted for 10 per cent of value sales in 1987; tartar control toothpastes for 14 per cent; pump dispensers for 15 per cent.

There has been something of a spurt in toothbrush sales, which

Mintel link to more regular replacement, though the doubling of advertising expenditure may also be a factor. Professional toothbrushes are expected to account for 51 per cent of all sales in 1988, outselling the traditional sector for the first time.

Mintel say the denture cleansers and fixatives market has been in decline in real terms since 1984, with long-term prospects for continued shrinkage. However, the company reports that the mouthwashes and breath fresheners market is still in its growth phase, with real growth resulting from expansion in the non-medicated area.

The report forecasts around 10 per cent growth in 1988 to £26.5m, with non-medicated liquids accounting for £13m, medicated liquids for £7m and

non-liquids for £6.5m. Warner-Lambert dominate the sector, with a 66 per cent share.

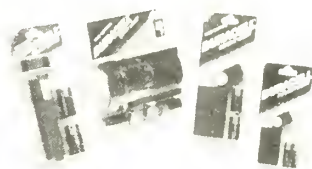
Grocery multiples took 35 per cent of all sales in 1987, say Mintel, while other grocers took 9 per cent. Boots still hold a 22 per cent share, while other chemists are down to 13 per cent, one point behind drugstores, on 14 per cent.

Within the market, toothpaste sales are more strongly biased to grocery, while pharmacies, and particularly Boots, have a firmer grip on toothbrush sales and the medicated mouthwashes.

Further value increases in the mouthwash sector are expected as Warner-Lambert spread the distribution of Listerine and Listermint. "Oral Hygiene", *Mintel Market Intelligence, June 1988.*

## Duracell gets krypton factor

"Duracell Lights", incorporating improvements in design and performance, are to be introduced by Duracell. The Krypton Bright Light, Tough Torch and Work Light in the range now have krypton bulbs providing 70 per cent more light: the Pocket Light has a standard bulb.



New packaging is said to give increased impact and shelf efficiency and the range will be promoted in a pre-Christmas television campaign. *Duracell (UK) Ltd. Tel: 0293 517527.*

# Duomed by medi

### HIGH QUALITY GRADUATED COMPRESSION HOSIERY FOR F.P.10 PRESCRIPTIONS.

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COMPRESSION CLASSES 1, 2 and 3 IN ALL SIZES READILY AVAILABLE. OPEN TOE DESIGN IN CLASSES 2 AND 3

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*World Class*



*Singing in the rain!*

**Zestril**

lisinopril ICI

*Once daily antihypertensive therapy which ret*





'Zestril' is a new, effective ACE inhibitor from ICI. It is given once daily, which encourages good patient compliance. The starting dose in hypertension is 2.5mg once daily, and the usual maintenance dose is 10-20mg once daily. 'Zestril' has been shown to be a well tolerated antihypertensive therapy, allowing patients to enjoy their zest for life.

'Zestril' is also an effective once daily treatment for congestive heart failure.



'Zestril' is available as 2.5, 5, 10 and 20mg tablets, presented in tubs of 60 tablets and in calendar packs containing 2 strips of 14 tablets.

# *Zestril Hotline*

**0800 200 111**  
FOR CUSTOMER SERVICES

**0800 200 123**  
FOR MEDICAL INFORMATION

Prescribing notes may be found overleaf.

*ns that zest for life.*







World Class

**Zestril**  
lisinopril ICI

### Prescribing Notes.

**Use:** Hypertension when standard therapy is ineffective or inappropriate. Congestive heart failure (adjunctive therapy). **Presentation:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ('Zestril'). **Dosage and administration:** Hypertension—initially 2.5mg daily. Maintenance usually 10-20mg once daily. Maximum is 40mg daily. Diuretic-treated patients—stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired. **Congestive heart failure** (adjunctive therapy)—initially 2.5mg daily in hospital under close medical supervision, increasing to 5-20mg once daily according to response.

Impaired renal function—may require a lower maintenance dose. 'Zestril' is dialysable.

Elderly patients—no change from standard recommendations.

**Contraindications:** Pregnancy—stop therapy if suspected. Hypersensitivity to 'Zestril'. **Precautions:** Assessment of renal function is recommended.

Renal insufficiency; renovascular hypertension; surgery/anaesthesia.

Combination with antihypertensives may increase hypotensive effect. Sometimes increased blood urea and creatinine and/or cases of renal insufficiency if given with diuretics. Minimises thiazide-induced hypokalaemia and hyperuricaemia. Potassium supplements or potassium-sparing diuretics not recommended. Indomethacin may reduce hypotensive effect. Possible reduced response in black patients. Use with caution in breastfeeding mothers. Do not use in aortic stenosis or outflow tract obstruction or cor pulmonale. **Side effects:** Dizziness, headache, diarrhoea, fatigue, cough. Less frequently, nausea, rash, palpitation, chest pain and asthenia.

Rarely angioneurotic oedema and other hypersensitivity reactions; renal failure; symptomatic hypotension (especially if volume-depleted); severe hypotension (more likely if severe heart failure). **Product licence numbers and basic NHS costs:** 'Zestril' 2.5mg (29/0208) 28 tablets, £7.84. 5mg (29/0204) 28 tablets, £9.83. 10mg (29/0205) 28 tablets, £12.13. 20mg (29/0206) 28 tablets, £20.96. 'Zestril' is a trademark.

Hospital prices available on request.



Further information is available from:

ICI Pharmaceuticals (UK) Southbank,

Alderley Park, Macclesfield, Cheshire SK10 4TF.

## COUNTERPOINTS



LRC Ltd are extending the Durex range from July 4 with an 18-pack size of Featherlite, Gossamer and Elite retailing at £3.19, £3.59 and £4.29 respectively. A pre-pack of eight of each of the 18-packs will be offered during July and August. LRC Products. Tel: 01-527 2377.

## Evans expand new formula Mycil range

Evans Medical have relaunched their athlete's foot treatment, Mycil, with a new formula and redesigned packaging.

The new "double-action" formula is designed both to treat athlete's foot, and prevent it recurring. It contains tolnaflate 1 per cent which kills the fungi responsible for athlete's foot and other similar skin infections. The ointment also includes benzalkonium chloride solution 0.2 per cent, and the powder chlorhexidine hydrochloride 0.25 per cent. Both are antiseptics.

In addition Evans are extending the range to include a puffer pack version (55g £1.52),

an athlete's foot spray (120g £1.69) and an anti-perspirant foot refresher spray (100ml £1.35).

Anthea Davies, Mycil marketing manager, says: "We've allocated a record £300,000 plus budget to promote the new range, with national and specialist sports Press campaigns, posters in leisure centres and sponsorship of Formula 3000 driver, Steve Kempton." Promotional material, launched in time for the Summer rush, will feature the strapline, "Mycil — for healthy feet". Bonus offers and point of sale material are available. *Evans Medical Ltd.* Tel: 0582 608308.

## A window on Savlon?

Over £2,000 worth of prizes are to be won in a new Savlon window display competition.

Top prizes of 10 hampers will go to area winners, and Marks & Spencers' vouchers will go to 100 runners-up. Care Laboratories are asking for a display on the theme "Have a safe Summer with Savlon". Display material — including a giant pack of the cream, a large card of the liquid and product display blocks — is available.

The display must appear for at least two weeks between July and September. Entrants are asked to take a colour photo of their window, put a shop stamp or sticker on the back and send it Care. The competition closes on October 3 and prize winners will be notified in November.

The latest Savlon promotion is

a 550ml bottle giving 10 per cent extra free on the standard 500ml. New dump bins for the liquid feature the updated ICI logo and can hold up to four trays of 500ml bottles. Three trays can be stored out of sight inside the cardboard outer case with the fourth top tray displayed. A show card has a "super value" flash on it so pharmacists can fill in their own price. *Care Laboratories*. Tel: 0625 535577.

The Mentholatum Co Ltd have appointed Care Laboratories Ltd to handle the UK chemist trade sales of new Deep Heat pre-sport rub. This now joins Mentholatum's Deep Freeze pain relieving spray in the Care Laboratories product range. *The Mentholatum Co Ltd.* Tel: 0734 340117.





# PLINK, PLINK, PROFITZZ.



Alka-Seltzer is now available  
in Original and Lemon flavours.



Ask your Bayer representative for more details or contact: Bayer UK Limited, Consumer Products Division, Bayer House, Newbury, Berkshire, RG13 1JA. Telephone: (0635) 39000.



## Sunny times for sun tans?

Twice as many sun-tan preparations will be sold in the UK in 1992 as were last year, predicts a skincare report from Market Assessments. The market for sun-tan products has already increased from £22m in 1982 to £62m in 1987, a 152 per cent increase.

The growth is due to a variety of factors — the number of trips abroad continues to grow, from 25 million in 1985 to 27 million in 1987. Products are more specialised, offering a range of protection factors. There is also increasing concern over the effects of sun on skin cancer and ageing.

The skincare market, as a whole, was worth £342m in 1987, says the report, from £243m in 1984, with growth averaging 12.1 per cent over the past three years. Facial skincare products accounted for most sales in the sector at 56 per cent of total value

with moisturisers at 34 per cent.

Advertising expenditure reached £20.5m in 1987, a rise of £1.2m over the previous year, says the report. Nearly half of this (48 per cent) was for facial products, although medicated treatments are the most intensively backed, because they are being marketed to a declining teenage population. Medicated products form only 6 per cent of sales in this sector but accounted for 23 per cent of advertising.

For the future the report predicts increased specialisation and diversification to attract the growing number of older women. And there is likely to be an up-market bias. ABC1s accounted for up to 59 per cent of purchasers although they formed only 40 per cent of the total sample group.

The Skincare Market Sector report (£225) is available from *Market Assessment Publications*. Tel 01-278 9517.

### ON TV NEXT WEEK

GTV Grampian  
B Border  
C Central  
CTV Channel Islands  
LWT London Weekend  
C4 Channel 4

U Ulster  
G Granada  
A Anglia  
TSW South West  
TTV Thames Television  
TV-am Breakfast  
Television

STV Scotland  
(central)  
Y Yorkshire  
HTV Wales & West  
TVS South  
TT Tyne Tees

Alka-Seltzer:	All areas
Allereze, Allereze Plus:	TV-am
Badedas:	TV-am
Bic Microglide:	All areas
Contour Plus razors:	All areas
Dettol:	All areas
Diocalm:	TV-am
Epilady:	G,C
Finale hairspray:	GTV,U,STV,B,TT
Germolene:	All areas
Gillette Gel:	C,LWT,TTV,C4
Immac:	All areas (except LWT)
Insignia:	All areas
Just for Men:	GTV,U,STV,BTV,Y,C,A,HTV,TSW,TVS,LWT,C4
Maalox Plus:	Y
Natrel Plus:	All areas
Odoureaters Trainers Tamers:	U,C4
Oxy:	All areas
Pearl Drops:	TV-am
Reach toothbrushes:	C,A,TVS,LWT,TV-am
Ribena:	All areas
Right Guard:	GTV,U,STV,B,G,Y,C,A,HTV,TSW,TVS,TT
Robinsons baby foods:	TVS,TTV,TV-am
Robinsons juices:	TVS,TTV,TV-am
Sergeant's Pet Care:	All areas
Stickers false nails:	All areas
Vapona:	TV-am
Vesene:	C,G,Y,STV,GTV

## Dipstick test from Organon

Organon Teknika have launched a dipstick pregnancy test for pharmacy use which can be used on the first day of a missed period.

HCG-nostick detects human chorionic gonadotrophin in urine using a technique based on sol-particle immunoassay. Organon Teknika say the test has a sensitivity of 50 iu/L hCG and has a purple coloured end point.

Gold particles are coated with one monoclonal antibody to hCG. A white plastic dipstick is coated with a second monoclonal antibody. In the presence of hCG a sandwich of intact hCG is formed between the two monoclonals raised against different determinants on the  $\alpha$  and  $\beta$  subunits. The result is the transfer of purple coloured gold sol particles to the dipstick. After being shaken for five minutes in the reagent-urine mixture the dipstick is rinsed with water. In the absence of hCG, the dipstick remains white.

A pack of 30 tests has a trade price of £45. *Organon Teknika Ltd.* Tel: 0223 355545.

## Scholl on a varicose vein

Scholl have launched an advisory leaflet on the prevention and management of varicose veins, which explains in simple language how to prevent varicose veins, and for those who are already suffering, what measures they should take. Entitled "Look after your legs with support from Scholl" is available free of charge on receipt of a large stamped addressed envelope from: *Scholl Consumer Products, 182 St John Street, London EC1P 1DH.*

**A new 100g cotton wool** from Vantage suitable for baby care and cosmetic use is now available to members. Packed in outers of 12, at £3.36 (trade), it will sell for £0.49. *Vestric Ltd.* Tel: 0928 717070.

**Scott's Baby Fresh 40s** are now available in a case of 9 at £8.80 (trade). *Scott Ltd.* Tel: 0342 27191.

**Parfums Givenchy** are entering a new market with *Ptisenbon*, a fragrance for young children.

The product is expected to be in 30 UK stores, none of which will be pharmacies other than a few selected Boots. *Parfums Givenchy Ltd.* Tel: 0932-245111.

## Hydromol cream

Quinoderm are introducing Hydromol cream to complement the emollient bath additive, for the promotion and maintenance of skin rehydration.

The product contains arachis oil 10 per cent, liquid paraffin 10 per cent, isopropyl myristate 5 per cent, sodium pyrrolidone carboxylate 2.5 per cent and sodium lactate 1 per cent. Known sensitising agents have been avoided in the formulation, says the company.

Hydromol cream is indicated for any condition in which dry skin is a feature, including all forms of dermatitis and eczema, senile pruritis, and ichthyosis. The company says the emollient oils provide an occlusive film to prevent water loss, and sodium PCA helps bind water in the epidermis.

The product has a GSL licence and is available on FP10 in a 50g tube (£1.82), 100g tube (£2.97), and a 500g tub (£9.49, all prices basic NHS). *Quinoderm Ltd.* Tel: 061-624 9307.

## Tegretol — a new use

The Data Sheet for Tegretol (carbamazepine) now includes treatment of patients with recurrent mania and depression, who are unresponsive to lithium or cannot tolerate its side effects.

For prophylaxis in affective disorders the recommended starting dose is 400mg daily in divided doses, titrated to a maximum of 1600mg. The usual maintenance dose is 400-600mg.

In some patients, who may be maintained on lithium while carbamazepine is introduced, central nervous system toxicity such as drowsiness or tremor, may be increased, even though lithium blood levels are normal. *Geigy Pharmaceuticals.* Tel: 0403 50101.

### BRIEFS

**Trental 400mg** is now available in blister packs of 90 (£15.12 trade) and the packs of 100 tablets have been discontinued. *Hoechst UK Ltd.* Tel: 01-570 7712.

**Vallegan tablets 10mg** have been reformulated and have a different appearance. The tablets are biconvex, film coated and dark blue, with one face impressed V/10. Stock will be available during the next two weeks. *May & Baker.* Tel: 01-592 3060.



**When they've got  
migraine but not a  
prescription,  
recommend Migralift.**



Migralift has been extensively tested in clinical trials, and is a standard formula prescribed by doctors. It combines two dosage forms – Migralift Pink taken at the early stages of an attack can suppress the symptoms. Yellow Migralift should be taken in cases where the migraine persists despite the initial Pink tablet treatment.

With major advertising in both national press and a

nationwide radio campaign, migraine customers everywhere will know of Migralift. And, as the only advertised migraine-specific treatment you can be sure your migraine customers will ask for Migralift to lift their symptoms. So with our national coverage migraine sufferers won't be in the dark, so keep your customers out of the dark too – stock Migralift today.

**Migralift**

**The only specific OTC treatment for all the symptoms of migraine.**

**Presentation:** Pink tablets – Butylzine hydrochloride 6.25mg, Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg **Yellow tablets** – Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg **Indications:** For the treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting **Dosage and administration:** Adults *Treatment* 2 Pink Migralift immediately it is known that a migraine attack has started or is imminent. If symptoms persist, 2 Yellow Migralift every four hours. Maximum 8 tablets (2 Pink and 6 Yellow) in 24 hours. *Children 10-14 years* One Pink Migralift initially. If required, 1 Yellow Migralift every four hours. Maximum 4 tablets (1 Pink and 3 Yellow) in 24 hours. **Product Licence Number:** 232/0027-28. Information by post only from International Laboratories Ltd, Charwell House, Wilsom Road, Alton, Hants GU34 2TJ





OUR SHIP



# IPPING FORECAST.



"ATTENTION ALL SHIPPING. THIS IS A GALE WARNING."

*"Phew!" gasped the fisherman. "These Fisherman's Friend Super Strong Mints certainly make you blow."*

"DOGGER 9. FISHER 10. GERMAN BIGHT 9."

*"Aye!" called his mate. "They're whistling off the shelves in the chemists too."*



# Supradyn

## THE NO.1 NEW O.T.C. PRODUCT



Roche are proud to announce that Supradyn multivitamin and mineral compound, is now the biggest new product in the U.K. O.T.C. market.\*

Supradyn's success will be boosted further over the summer months when the brand will be advertised on television for a third burst of support.

Do you have a counter display for Supradyn to take advantage of the massive investment in this new brand? If not call Roche Consumer Division on 0707 328128.

\*New products 0-12 months old



### LEADERS IN VITAMIN RESEARCH



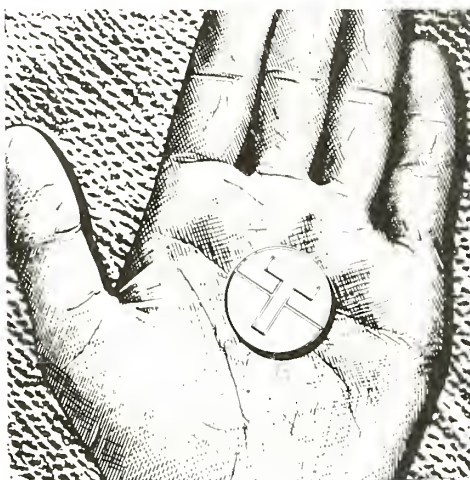
# TOPICS IN TREATMENT

## Drug-induced blindness

The lay Press greeted with enthusiasm the recent news that low dose aspirin reduced the risk of myocardial infarction. However, a warning note was sounded over the possibility that aspirin's antiplatelet activity may also have increased the risk of stroke due to cerebral haemorrhage. Now further evidence of the dangers of drug-induced impairment of clotting has been published — and non-steroidal anti-inflammatory drugs are strongly implicated.

Over a four-year period, doctors at a specialist eye clinic in the USA detected 109 elderly patients with diminished sight who were taking drugs known to affect platelets. The developing blindness was due to macular haemorrhage — bleeding from part of the retina. Although this is a normal finding with increasing age, angiographic evidence supported an iatrogenic cause of the symptoms in some cases.

Over half of this group of patients were taking aspirin or dipyridamole and a further 14 per cent had been prescribed an anti-inflammatory agent. These drugs inhibit platelet aggregation, an essential phase of the



formation of a clot. When elderly patients are already prone to spontaneous retinal haemorrhage, such an effect would increase the incidence of bleeding and could contribute to the risk of blindness.

The public's perception of the safety of aspirin is reinforced by trials which demonstrate a reduction in dramatic events such as heart attack, but the adverse effects of aspirin at anticoagulant doses have received scant attention. This evidence for the increased risk of vision loss is limited — there were no control patients — but it is worrying enough to warrant closer investigation.

## Drug abuse by the mentally ill

The abuse of hallucinogenic drugs may precipitate psychotic illness, or psychotic illness may predispose toward drug abuse. Whichever is the case, research among patients admitted to a London psychiatric hospital has shown that schizophrenics are more likely to have abused drugs than patients with affective disorders — in particular, LSD, amphetamines or cocaine. Nearly half of the 32 patients with schizophrenia reported use of illicit drugs.

Among the schizophrenic patients, the symptoms began at an average age of 22 in those with a history of drug abuse. In others who had not abused drugs, the average age at the onset of illness was 33. This suggests a role for drug abuse in the aetiology of schizophrenia. A further cause for concern is the possible contribution of hallucinogenic drugs to the relapsing nature of the disease in some patients. Drugs such as cocaine and amphetamines which affect the function of dopamine, a neurotransmitter whose role is fundamental in schizophrenia, may be particularly important in provoking relapse. Drug abuse therefore seems to be potentially important in both the development of schizophrenia and in its manifestations.

## The cost of high tech drugs

Bone marrow is a target for the toxic effects of many drugs, most notably cytotoxic agents, and of some diseases. The resulting anaemias and leukopenias often carry a high mortality and they are difficult to treat — in part because the production of blood cells by the bone marrow is poorly understood.

Several specific "growth factors" regulate growth and differentiation of various cell types — erythrocytes, granulocytes, platelets and mast cells — in a balanced system. Although the chemical structures of growth factors have been known for some time, difficulties of producing sufficient quantities has restricted clinical investigation of their benefits. The ability to synthesise pharmacological quantities through genetic engineering has now led to their successful use in patients who previously had a poor prognosis.

In one recent trial, patients who had received bone marrow transplants after undergoing intensive chemotherapy were given human granulocyte-macrophage growth factor (HuGM-CSF) produced by recombinant DNA technology. Each patient received a 14-day infusion immediately after transplantation. Compared with untreated patients who had received similar chemotherapy, HuGM-CSF accelerated the recovery of white cell numbers by about ten days. Because white blood cells are involved

in defence against infection, this led to a lower incidence of bacteraemia and a lower mortality. Adverse effects, including weight gain, oedema and muscle pains, were troublesome only at the highest doses.

The encouraging results of this clinical trial can be added to other successes with growth factors. For example, erythropoietin, which regulates red cell production, has been found to correct anaemia due to chronic renal disease. Again, adverse effects have been relatively mild compared with the therapeutic gains. Future studies will evaluate the effects of several growth factors given together — studies in animals have shown that their effects are synergistic.

Haematological growth factors look set to join other genetically engineered drugs such as the new thrombolytic agent TPA and human growth hormone as agents offering the potential to treat chronic diseases that were formerly considered fatal. The biggest stumbling block to their use may be their cost, which is typically of the order of thousands of pounds annually per patient. A recent editorial in *The New York Times* pointed out that American hospitals have been unable to cope with the huge increases in drug expenditure that are required to meet the cost of these new and undoubtedly necessary drugs. In the UK, the hospital sector has a similar problem.

## Steroid abuse

Most drug use in sport is intended to improve performance. Examples of this include beta-blockers to control fine tremor in shooting or amphetamines to increase speed in athletics. But steroid abuse in weightlifting, body building and contact sports is designed to change the athletes rather than their performance and this carries its own risks. Interviews with 41 American footballers and bodybuilders have now revealed that serious psychiatric disorders are common.

These subjects routinely took androgenic steroids in doses ten to 100 times greater than are conventionally used in medicine. Normally, this would be in cycles of two to four months. Most of those questioned claimed to have achieved substantial increases in muscle mass but some admitted suffering acne, transient testicular atrophy and hair loss. However, when questioned about their behaviour, 22 per cent described episodes of mania, paranoia or delusions while they were taking steroids and 12 per cent reported major depression after they stopped.

There is a belief among body builders in the UK that steroids do not cause serious toxicity. This survey shows clearly the effects can be severe and even life threatening — and steroid abuse is not uncommon in this country.



# Skin reactions to antidepressants

Approximately 5 per cent of patients taking antidepressants will develop an adverse reaction affecting the skin, compared with about 2 per cent for most other groups of drugs. Reactions vary in severity from photosensitivity, urticaria and pruritus to rare but severe cases of exfoliative dermatitis and erythema multiforme. Although the incidence of these reactions seems to be similar for most tricyclic antidepressants, a recent review of the literature has concluded that maprotiline appears to be more commonly associated with adverse effects on the skin. Carbamazepine has been reported to cause skin reactions in up to 17 per cent of patients.

Bearing in mind the close structural similarities of tricyclic antidepressants, the management of even mild adverse reactions can be difficult. After withdrawal of the

suspect drug, a one week delay before starting an alternative is suggested. This allows time during which the symptoms should improve if they were drug-induced. Cross-sensitivity between the two main classes of tricyclic agents — imipramine and amitriptyline and their derivatives — seems to be limited. Substitution with a less closely related drug may therefore prove satisfactory. However, failure to select a safer antidepressant quickly is likely to be reflected in poor compliance and an alternative, structurally unrelated drug may be a wiser choice. Bearing this in mind, it is sometimes better to suggest that milder reactions such as urticaria should be treated symptomatically, together with a reduction in dose of the antidepressant. Care must then be taken to ensure that the minor symptoms do not progress to more severe rashes.



*Topics in treatment is a regular series written by Stephen Chaplin, MPS, staff pharmacist, Regional Drug Information Unit, Wolfson Unit of Clinical Pharmacology, Newcastle-upon-Tyne, looking at current developments in medicine.*

## Dicyclomine and dyspepsia

Dyspepsia is a common symptom which can indicate the presence of a peptic ulcer or even a carcinoma. But many cases have no obvious cause and, although dyspepsia seems to offer little threat to health, it does cause discomfort and inconvenience to sufferers. Several OTC formulations are available for treating the symptoms of dyspepsia and one of the more popular is Kolanticon, a mixture of the anticholinergic agent dicyclomine, antacids, and the surfactant dimethicone. This combination of drugs was probably formulated to tackle three problems which can contribute to dyspepsia: spasm of gastro-intestinal muscle, acid reflux, and wind. But the results of a small trial have now shown that the dicyclomine component may contribute nothing to the product's effects.

Kolanticon was compared with a second mixture, identical except that it contained no dicyclomine, in a double-blind study in 28 patients with idiopathic dyspepsia. One formulation was taken for two weeks and then

swapped for the second. The patients' own diaries of their symptoms showed that the two products were equally popular, with 11 expressing a preference for one mixture or the other and six people noticing no difference between them. However, 19 patients said they preferred the second treatment over the first, irrespective of which mixture it was. There is no question that these products had a slow onset of effect because symptoms of dyspepsia are relieved quickly by antacids. A strong psychological component is therefore the most likely explanation for these findings.

This small trial needs to be repeated on a larger scale but if dicyclomine has no discernible effect in patients with dyspepsia, alternative products should be recommended for patients seeking a pharmacist's advice. Dicyclomine may occasionally be associated with atropine-like adverse effects including blurred vision and dry mouth. There is little point in risking such effects for no therapeutic gain.

## Chronic antidepressants

A large proportion of patients aged 70 or over who are taking antidepressants might be doing so unnecessarily. That was the finding of a survey of patients attending a New Zealand health centre, one in 17 of whom had been prescribed these drugs on a long term basis. More detailed analysis revealed that only 23 of the 43 patients had first been prescribed an antidepressant for depression. In a quarter of these, there was no clear indication for continuing treatment for symptoms which had initially been diagnosed up to 23 years previously.

Among the other patients, about half were taking an antidepressant as a hypnotic, but there was no obvious reason for treatment in the remainder. Despite this, the patients were happy to take the drugs as prescribed because, they said, "they're not prescribed

for nothing" or "doctor knows best". Most could not explain why they were taking antidepressants, suggesting that counselling had been less than ideal.

The authors of this report speculated that the giving and receiving of tablets was an important part of the doctor-patient relationship. They found that antidepressants had often been prescribed as a trial for physical symptoms rather than in response to a psychiatric assessment. Their use continued because of reluctance to tackle the real basis of the initial problem. This could be avoided, they suggested, if the patient's response to treatment was regularly reviewed and if it was made clear that the prescription would continue only for a limited period. The risk of adverse effects should make such recommendations mandatory.



ALL THOSE IN FAVOUR OF MYCOTA...



Athlete's Foot attacks around 9% of the population every year.

And, when they're looking for relief, the majority of those vote with their feet – for Mycota.

Because Mycota has an effective double action that treats the cause and prevents reinfection.

Now Mycota comes in spray, cream and

powder, with bright new packs and compact display units.

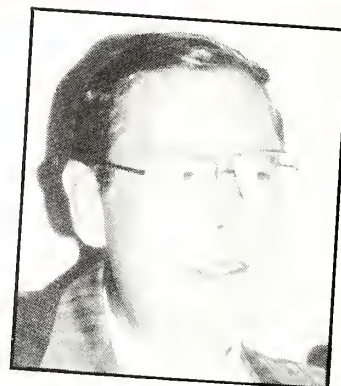
The new, £1/4 million Mycota campaign will be running through the peak Summer season in national newspapers, women's magazines and posters too.

Keep Mycota well out in front. It's the No.1 choice of consumers and pharmacists!





# AESGP unveils its 'passport' to an open Europe in 1992



Mr Wells

A marketing authorisation issued in one country of the European Community for a non-prescription product should become a "passport" into other EEC countries, says the European Proprietary Association, the AESGP.

The Association launched its proposals for the competition of the internal market for non-prescription medicines at its 24th annual meeting last week in Geneva. And it fell to the Proprietary Association of Great Britain's executive director and AESGP board member John Wells to explain to how the passport idea would work.

Mr Wells said there was a growing recognition of what 1992 will mean for industry, but only industry could make the single market a reality. "All the European Commission can do is give industry freedom of choice by convincing Member States of the need to break down the barriers that hinder the marketing of products throughout the Community.

"For pharmaceuticals, these barriers lie in national legislation. So for us, 1992 means

fundamental changes that will shape our future for years to come," Mr Wells said.

The Commission had identified as the main barrier for manufacturers the need to obtain a separate marketing authorisation in each country, Mr Wells continued. The Commission also wanted labels and leaflets to be similar across Europe, and also hoped to smooth out differences in ingredient categorisation.

"The objective is for a medicine to be marketed in all Community countries following a single scientific assessment of the data on safety, quality and efficacy, not twelve separate assessments of the same data," Mr Wells said. "And there is a choice for the industry, the Commission and Member States. It lies between a centralised system — a European FDA — or community recognition of a decision taken by a national authority."

Mr Wells suggested a centralised system was not an attractive proposition. In the UK alone in 1987 the burden on the Licensing Authority was just 40 new chemical entries, but over a

thousand abridged applications, and over ten thousand variations on applications. "A centralised system would not lead to more efficiency, because the product involved would rarely be marketed in a number of countries at the same time — the one central authority would have to handle the work of 12 national authorities." Straightforward application took two to three years because of queueing time; imagine the processing time if there was only one new European authority, Mr Wells said. The work of the national registration authorities also includes licensing manufacturers and wholesalers, and the monitoring of adverse drug reactions is more efficiently done by a national authority. And who else could take responsibility for advertising and labelling, he added?

## 'Objective a single scientific assessment of safety, quality and efficacy, not 12 separate assessments'

"Now is not the time to sweep aside the experience and knowledge of the national authorities, but a time to introduce a simple system allowing a product accepted as safe and efficacious in one country, to be supplied in other Community countries."

Mr Wells said that Nurofen, the first OTC ibuprofen product, took five years before a marketing authorisation was granted. But the whole procedure submission of a full dossier covering the safety and efficacy of ibuprofen, quality of product Nurofen, indications for OTC use, warnings to be included on labels, etc — its assessment by the health authorities — often had to be repeated in each country in which the company wished to market the product. "Not surprisingly, the results of those assessments were very similar — after all the safety and efficacy of ibuprofen is not in dispute," Mr Wells said.

"There has to be a more

simple approach — and there is," Mr Wells said. "After the first marketing authorisation has been granted, the manufacturer should just send other countries a copy of the summary of product characteristics and a mock-up of the pack in the language of the country as a notification of his intention to market the product in that country."

The summary of product characteristics gives a complete scientific description and confirms that product has satisfied a competent health authority. All the second country would have to do is ensure the packing translated the summary of the product into its own language.

Mr Wells said existing or proposed Community Directives gave this approach a firm footing. "By 1990 the review of existing products will be completed and every product will have a summary of product characteristics from an assessment to standards identical to those applied to new products," he said.

Quality will be assessed by one country, but before the agreement is introduced there will be agreement on good manufacturing practice and mutual recognition of site inspection. Information differences, with some countries requiring insert leaflets for non-prescription medicines, would become less of a problem as countries moved to labelling in simple easily-understood language.

But Mr Wells was under no illusions that much work remained. "It will need a political will by Member States to make it work, but that was recorded in the agreement of the Single European Act."

He appreciated, too, that countries might demand a reserve procedure enabling them to veto a product. "This power would need to be well defined, the reasons would have to be stated and there would be a need for an appeal procedure to reconcile differences," Mr Wells said.

He suggested the AESGP's proposed procedure would also avoid ingredient-classification

## Commission to produce proposal by 1989

The European Commission still aims to produce proposals for a definitive system for the free movement of medicinal products during 1989, Marie Donnelly, of the EC-Commission staff, told the Conference.

She said the Commission would study the AESGP's "Passport to Europe" proposals in detail, with discussions planned for the Autumn. However, she outlined some of the difficulties facing the Commission.

Under the new multi-state procedure, the Commission has had 39 dossiers covering 209 applications, since the minimum number of applicant countries was reduced to two. So far 29 opinions

have been given and in no case has there been full recognition of the first authorisation; all have been referred to the Commission's Committee for Proprietary Medicinal Products.

"While the procedure works well from the standpoint of time limits, the principle of mutual recognition is not working," Ms Donnelly said.

"The Commission is concerned to ensure a system which allows free movement of products which are of the highest standards and which do not endanger public health," she said. "The selected system must achieve these aims, and must be practical and efficient."



differences. "How much better to achieve this approximation by considering products than to spend endless time on fruitless consideration of a multitude of ingredients," he said. "But an essential preliminary would be a European definition of a non-prescription medicine."

The approach the AESGP was suggesting is not unusual, Mr Wells said. "Think how you travel between Community countries," he told delegates. "In your own country you fill in a long form proving who you are and your right to be a citizen. I had to give my birth certificate, a photograph and a signed statement by someone in authority that I am who I claim to be. When this had been assessed, I got... a passport."

"When I go to your country, I'm not asked to repeat this procedure all over again, I just show my passport. That is all we are suggesting — the summary of product characteristics together with the way the product looks, should be regarded as that product's 'passport'."

## 'Passport to Europe': key proposals

■ National registration systems should be maintained for evaluating the quality, safety and efficacy of non-prescription products.

■ A national marketing authorisation should become the product passport allowing access

to the internal market on presentation of the passport and sample packaging to be used.

■ Member States should retain responsibility for monitoring products on their markets for compliance with Community criteria.

■ Community criteria for distinguishing between prescription and non-prescription medicines should be established.

■ Community requirements for information supplied with medicines should distinguish between prescription and non-prescription products.

■ Consumer information on non-prescription medicines should be appropriate to their heads and in language they understand.

### 'Non-prescription'

The AESGP also suggests parameters to define a non-prescription medicine. They are:

■ Indications must be appropriate for self-medication — most considered suitable are minor self-limiting conditions, but there are few recurring conditions where self-treatment is suitable.

■ Active ingredients should be well-known and used previously in similar self-medication products or in prescription medicines for five years.

■ There should be an acceptable therapeutic margin of safety of dose in age groups for whom the product is intended.

■ Incidence of severe side-effects should be low. More common side-effects should be reversible.

■ Any groups at special risk should be known and be able to identify themselves and avoid using the products or know what special precautions to take.

## Costs of 'non-Europe' examined

The costs of not having a real internal market — a "non-Europe" — has been estimated at £140 billion, a sum equal to 5 per cent of Europe's gross national product, Mr Gordon Tuck, of Miles Ltd, told the Conference.

He said that the same study, by Paolo Cecchini of the EEC

Commission staff, had acknowledged that considerable progress had been made in the field of pharmaceuticals in bringing about the "convergence" of national requirements. "But the report points a very stern finger at industry costs, and therefore to the healthcare system itself, of a 'non-Europe' in this field," Mr Tuck said.

Delays in obtaining product registration triggered a whole range of costs in lost revenue, in working capital tied up and in extra registration staff costs — up to \$200m which represents 0.5 per cent and 0.8 per cent of industry costs. "If these are the rewards of the promised land, then no wonder EC vice-president Lord Cockfield said recently that 'we are on the move'," Mr Tuck said.



Mr Tuck



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# Pharmacists can reinforce self-medication

Pharmacists throughout Europe are reported to desire an expanding role in improving the public competence in self-medication, according to Professor Lowell Levin, of Yale University.

Introducing the World Health Organisation's new study "Self Medication in Europe", Professor Levin said this attitude was "in stark contrast with that of physicians". As increasing number of people seek greater control of their health care, it is the pharmacist who can provide reinforcing education, he said.

"This means going beyond recommending products to customers. Information on active ingredients, specifically of a product's benefits, appropriate use, side-effects and drug interactions as well as storage advice, are called for. The pharmacy can become an easily accessible learning centre where educational service is linked to product sales."

## 'Health professionals generally are less informed about self-medication than the public'

But Professor Levin also saw shortcomings in the approach of health care professionals. "One of the low points in our study was the finding that the education of physicians, nurses and yes, even pharmacists, lacks emphasis on self-medication's role in health care. One might speculate that health professionals generally are less informed about non-prescribed medications than the public!" He said: There is a growing public sophistication throughout the industrialised world in health care matters, including disease causation, prevention, treatment options and now strategies to promote health. "It is understood now that caring for chronic disease, must be in the main, a lay or family responsibility, with input from professionals as required at key, but limited points," Professor Levin said. "It is understood, too, that minor, self-limiting illness or injuries fall easily within range of lay diagnoses and treatment. And ordinary people understand that promoting health is linked to lifestyle behaviour under their own control."

The trend is undeniably one of large numbers of people seeking



Professor Levin

greater control over their own health destinies, said Professor Levin, although he pointed out that the bulk of medical care has probably always been self-care.

"What is new is public awareness of this," he said. "The explosive growth of information about health and health care has legitimised self-care and added skills and resources to extend its scope and effectiveness." Professor Levin said that 15 years ago many health professionals were shocked by the idea that lay people could — never mind should — assume greater responsibility for health. "Some of these professional attitudes persist, and they have their counterparts in government regulations that restrict the growth of responsible self care," he said.

Professor Levin suggested this kept patients dependent on primary care providers at a time of doctor unemployment, while in other countries liberalising policies might be seen as a governmental shirking of responsibilities for total care.

"Expressed concerns for public safety or excessive use of non-prescribed medications, while real concerns, fail to address the relative risk and overuse of prescribed medicines," Professor Levin said.

From the study — which covers all of Europe, with in-depth studies of nine countries — Professor Levin said there were just a few recorded episodes of public interest groups arguing for greater (or less) access to effective non-prescribed products.

Governments too seemed satisfied with the present levels of access, though he suggested that this may change as they begin to consider the cost-saving potential, while reducing reimbursement of prescriptions might increase public interest in less expensive, OTC options.

Professor Levin cited two reasons for a growing European

interest in OTC. "Convenience is attractive when faced with doctor visits, waiting time and time lost from work," he said. "But there is growing public interest in medicines which are least problematic in terms of side effects."

He predicted that this movement — a chemophobia — which he said started in California and had now reached the East Coast of America, would be seen throughout Europe in five years.

Now was the time for a vast array of social studies, focusing on lay initiatives in self-care, to be undertaken, Professor Levin said.

The diversity of European culture offered an exciting environment that could be viewed as a series of natural experiments in self-care and self-medication. "But development must be a conscious effort which sets research priorities, establishes standard definitions and supports new initiatives, collates and distributes information and supports policy initiatives," Professor Levin said.

He praised the co-operative

experience of WHO/EURO and the AESGP in the present study, which he said offered a well-focused agenda for promoting the development of effective self-medication in Europe.

## A 'natural phenomenon'

"Self medication is virtually a 'natural phenomenon'," Professor Levin said. "While most people appreciate its value as their experience has proven, perhaps only a small minority have considered or know about its wider potential."

"Even fewer challenge the restrictions on access to a greater range of effective medications without prescription," he continued, arguing for a public educational campaign to highlight the "legitimate and vital contribution of non-prescribed medicines and their efficacy". The intent and process of government regulation also needed to be explained.

For the future, Professor Levin said he could not over-emphasise the need for research

## Political approval for self-medication

The implications of moves towards greater self-medication have not been lost on politicians. According to Frau Ute Würfel, a West Germany MP, surveys in West Germany showed annual savings for the Government of \$1bn in treatment costs through self-medication, with a further \$1bn saved on other health expenses.

Frau Würfel, who is regarded as a liberal, both politically and in party terms, revealed that she was much in favour of the current trend.

She said doctors should abandon their reservations about self-medication and try to become advisors to patients instead. "The pharmacist in the context of his skills in the past has tried to be an advisor, but I think we can better use other sources of qualified advice," she said.

Future health policy should give priority to measures to improve self-medication, Frau Würfel said. She suggested that education of the public should start in kindergarden and continue into adult life.

She favoured package inserts as a source of information for "almost all medication", but such inserts would only reach their goal



Frau Würfel

## 'No evidence advertising encourages people to take more'

if they were understandable by all users. Frau Würfel also revealed that she was in favour of more products moving from prescription only to OTC status.

And that did not mean a pharmacist monopoly. "The sale of medicines remains for the pharmacy, but self-medication has meant that some products are sold outside," she said. "I have always thought that it is up to pharmacists to include self-selection of these products, but if



# -care

on all aspects of this natural phenomenon. "In Europe such research has been uneven, with some countries still to begin a serious effort. We are left with an incomplete picture of which active ingredients are allowed for use without prescription, what products are available, how and who uses them, the nature of public expectations, and what public and professional education is underway or planned.

He said the caring attitude of governments regarding the welfare of the public and the medicines available to them is a strong base on which to build greater opportunities for effective and safe self-medication. "What is needed now is the social and policy research to show the way, an informed public to understand self-medication's widening potential, and the political will of governments to make it a reality."

*"Self-medication in Europe" is published by the WHO Regional Office in Copenhagen. Available from AESGP, 25 rue-Jea-Giraudoux, 75116 Paris.*

## ication moves

they do not, that does not give them the right to stop people buying from other stores."

Frau Würfel did not subscribe to the view that advertising was a bad thing; she said it should be allowed for self-medication products across all forms of the media. "There is no evidence that it encourages people to take more medicines," she said. But the industry had to be responsible; or the State might be forced to intervene.

Looking forward to the internal market in 1992, Frau Würfel said she had some reservations. "It cannot be right that a product which has failed our rigorous system and is withdrawn from the market, but still allowed in other countries, might in 1992 be reimported back onto our market. I would not advise you to create one European authority," she said.

And she ended with a few words of advice for manufacturers: "Be aware of your responsibilities; be careful as to the quality of your medicines in the broadest sense, and stick close to the facts when you advertise to the public. Only in this way will you be able to develop a positive future."

# US pointer to European 'single market' success

The European idea of a "single market" for drug marketing and regulation is the same concept as the United States' "national uniformity" ideal, James Cope, president of the US Proprietary Association, told the Conference.

"Both are based on the sure knowledge that people do not react differently to medicines because they live in New York rather than California. Convenient availability of medicines to all who need them cannot be met by a marketing system fractured 50 different ways — or in your case, 12 different ways — by differing formulation, packaging, labelling or promotional rules," he said.

Mr Cope said that the American experience of a single market did not mean that the concept is unchallenged. "States occasionally seek to require some rule that is inconsistent with federal regulation or policy. We in the USPA always monitor and often confront proposed state variances from national uniformity. We have, to date, succeeded in our defence of the concept."

Mr Cope said states are becoming more aggressive in drug regulation, due, in part, to a perception that the national administration's emphasis on deregulation and federalism has resulted in diminished consumer protection from Washington.

## 'You are on the right track'

"The Reagan Administration has certainly favoured deregulation, but this has centred around commerce and economics. Federal regulation of medicines has continued apace as public interest would dictate that it should," Mr Cope said.

"The flow of products transferred from prescription-only to OTC status that began before the Reagan years has continued. But this is *not* deregulation," he said. "It is simply a change in the legal status of a medicine, with continued federal regulation and control. It is not a change in scientific standards for safety and effectiveness, but a recognition of safety further established through appropriate studies and, usually, long consumer use."

"Rx-to-OTC switch is a positive response to a basic philosophy in our federal law," Mr Cope said. If a drug is effective and can be safely used by consumers on the basis of labelling alone, then

that drug must be allowed for sale directly to consumers.

Mr Cope, who described the American system in detail, said he believed it is rational; cost-effective to administer; and one in which the consumer is well-served. "Since I know this is what you want in Europe, I would only say that you are on the right track," he said.

"I believe that your proposal for a country of origin marketing authorisation 'passport', coupled

with harmonising criteria for safety, efficacy and quality, can accomplish what our system does — benefit health professionals and the consumer by assuring safety, efficacy and choice; benefit governments by improving procedural aspects and eliminating log jams; and benefit industry by providing rational guidelines that can enhance, not hinder, the role of self-care/self-medication in Europe's total health care picture."

## Fight begins for WFPMM

A measure of success for the OTC medicines industry at the 41st World Health Assembly, was reported to the Conference by George Davy, president of the World Federation of Proprietary Medicine Manufacturers.

The four year project started in 1984 at the 37th WHA with the Nordic-country Resolution on the "The rational use of drugs", which was backed by the consumerist IOCU (International Organisation of Consumer Unions) and their support group Health Action International (HAI), said Mr Davy.

"Then we had the 1985 Nairobi conference and almost universal predictions of an eventual international code of marketing for prescription and non-prescription drugs." The 39th WHA in 1986 had adopted "The revised drug strategy".

"It has been a concentrated and critical two year period. Our objective was to avoid adoption of WHO resolutions recommending actions to Member States that would restrict the role and contribution that self-medication can make to a country's health-care — developed or developing," Mr Davy explained.

WFPMM's primary focus was on the ethical criteria resolution. Two areas were of concern — the first rejected consumer sampling of OTC's, which is lawful and important in some countries, and the second, while agreeing with the advertising of OTCs to the general public, went on to provide examples of what should be included in advertisements."

Mr Davy said these were: the name of the product; the active ingredients; major indications for use; major warnings, contraindications and precautions; the name of the manufacturer.

"We were able to eliminate

the ban on sampling. However, we were not able to eliminate the example paragraph, but did obtain the addition of the words 'taking into account the media employed'. Certainly you can't include all these elements in a 15 or 30-second TV commercial," Mr Davy said.

This was the proposed resolution to go to delegates of the 41st WHA in May.

"The debate took place on May 10 and May 11 in an atmosphere of relative calm," Mr Davy said. "Delegates from 46 countries addressed the subject and it received unanimous support. It was adopted with only minor changes."

"Clearly, the possibility that the ethical criteria would serve as an international code of conduct has been defeated for the time being, but the pharmaceutical industry must view this decision as only the beginning," Mr Davy said.

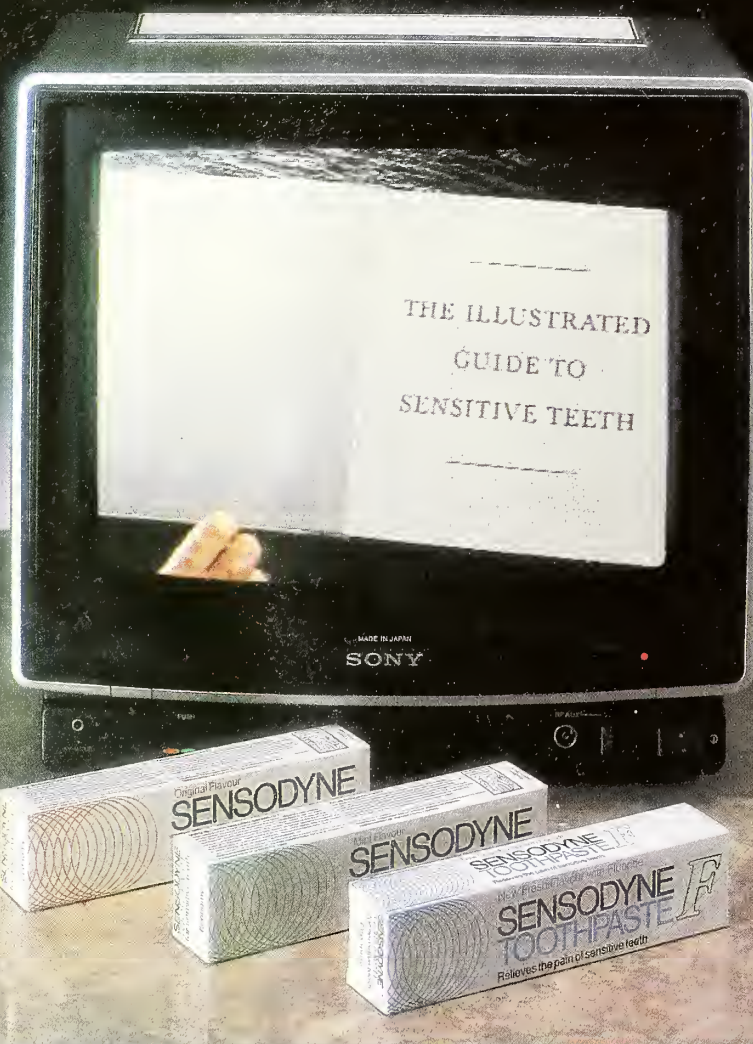
He added that for the first time at any Assembly, the question of self-medication was raised. The discussion made self-medication very visible and consequently, WFPMM and its member associations must step up their collaboration with national governments in furthering the contribution self-medication can make to health care.

He set national member associates five goals to combat the consumerist lobby: continue studies on self-medication practices, especially in developing countries; place greater emphasis on the role of and relationship between traditional medicines and self-medication; examine national codes of conduct; strengthen national associations and help form new networks, and promote the development of company marketing codes.



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# EYE CARE

This is the sixth in a Chemist & Druggist initiated series of training seminars for pharmacists and their assistants — sponsored jointly with companies who have a particular expertise in the chosen subjects.

## Eyes right: Cases for OTC treatment

Dr Robert Reekie, medical adviser, Crookes Healthcare Ltd, looks at some less serious eye disorders.

Although some eye diseases may require specialist investigation, others may be self-limiting and readily amenable to palliative therapy, dispensed over the pharmacy counter. The eye also acts as a barometer of systemic disease processes including diabetes mellitus, hypertension, or raised intra-cranial pressure.

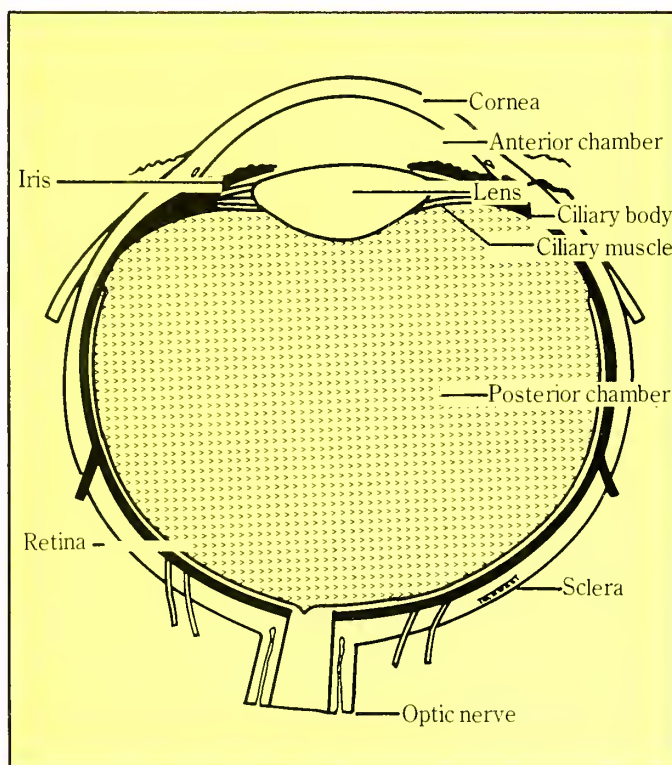
### Eye structure

The globe of the eye is situated within the orbit of the skull and movements are controlled by the third, fourth and sixth cranial nerves which innervate the extrinsic muscles of the eye, attached to its outer protective layer known as the sclera.

The eye itself consists of two chambers. The anterior is filled with aqueous humour, a fluid of low protein content, produced by the ciliary body through a process of secretion and ultrafiltration. This fluid passes forward through the pupillary opening of the iris and is drained by the canal of Schlemm into the venous system.

Behind the anterior chamber lies the iris muscle which adjusts the pupillary opening according to ambient light. Behind this lies the crystalline lens, an elastic structure the focus of which is controlled by contraction or relaxation of the ciliary muscle. The posterior chamber is filled with a clear gelatinous material known as the vitreous humour, behind which are the light sensitive cells of the retina.

Light enters through the curved transparent cornea and the



amount falling on the retina is adjusted by altering the diameter of the pupil. Focussing is carried out by the lens. The resulting image is converted by the retinal cells into nerve impulses which are transferred by the optic nerves, ultimately to be deciphered as visual images within the occipital cortex of the brain.

A layer of epithelial cells lines both eyelids and covers the front of the eye to form the conjunctival sac, into which tears are secreted

enabling particles to be washed away during blinking. The eye is further protected by the eyelids.

### Pharmacists' aim

The pharmacist's aim in providing OTC advice and medication is to recognise and treat suitable conditions while ensuring that medical referral, if necessary, is not delayed.

Many mild eye disorders respond to palliative treatment

available OTC and, with care, such conditions can be readily recognised — although if any doubt exists as to diagnosis, medical referral may be appropriate. In particular, if there is visual impairment patients should be referred immediately to the general practitioner.

**Stye (hordeolum)** is a suppurative inflammation of a gland at the base of an eyelash follicle, forming an abscess. This may open or point to the surface but may require encouragement by the application of hot compresses. Incision may also be required. Thereafter, antibiotic ointment may aid recovery and reduce recurrence.

**Blepharitis** is an inflammation of the lid margins, most commonly associated with infection. If mild, swabbing of the lids with a bland lotion and, if necessary, the addition of antibiotic drops may suffice. If severe, and certainly if ulcerated, medical referral is required.

**Tear deficiency (dry eye)**, occurring when tears are reduced in quantity and/or quality, may be a consequence of age and leads to discomfort. Relief may be obtained with artificial tear solutions such as hypromellose but if persistent or severe, referral should be considered to exclude medical problems.

**Mild irritation of conjunctival membrane** Minor eye irritation may be characterised by burning or itching sensations and increased tear production. Such problems may be related to dust or smoke exposure, swimming in indoor pools, particles of cosmetics falling



into the eye or general eye fatigue. Relief may be obtained with proprietary eye lotions or drops.

**Conjunctivitis** consists of inflammation of the conjunctival membrane and, if allergic in nature, may present as one of the symptoms of hayfever. So conjunctivitis may be associated with itching of eyes and nasal passages, and rhinorrhoea. Although the hayfever itself may require treatment with antihistamines, relief of eye symptoms may be obtained by bathing the eyes.

Alternatively, allergic conjunctivitis may occur as a reaction to a cosmetic or contact lenses, in which case the offending material must be withdrawn.

Eye infections are generally due to staphylococcus, haemophilus or pneumococcus organisms. The condition is usually associated with mucopurulent discharge and may be more appropriately managed by the patient's general practitioner. This will allow testing of antibiotic sensitivity and close monitoring of recovery.

The OTC market for Eye Care. The market for OTC eye care products is currently worth about £10 million at rrp. This figure excludes products in the contact lens area and those which, although available for public purchase, are more properly viewed as prescribed medicines, such as ocular lubricants and treatments for non-specific conjunctivitis.

Over the past five years, the market has shown steady volume growth resulting in a 90 per cent value increase over 1982. Expansion has been fuelled in particular through the acquisition of Optrex by Crookes in early 1983, since when media and below the line support have been consistently high.

### Market segments

The market can be sub-divided into three distinct sectors — lotions — requiring administration

by eye bath, drops and ointments.

The lotion sector continues to account for the largest share (48 per cent although drops now account for an almost equal share of 46 per cent). Since the withdrawal of golden eye ointment and Optrex ointment this minority sector has reduced in importance even further with only Brolene still available and accounting for around 6 per cent of the overall market.

Optrex virtually is the lotion sector, only Optabs, requiring dilution, offering an alternative. Most lotion bottles find their way to the bathroom or medicine cabinet, where they can be reached in emergency or at convenient times in morning or evening to treat sore or tired eyes or for regular eye hygiene.

The drops sector is rather more fragmented and although Optrex holds around 60 per cent, it does so with three brands which are positioned in different ways.

Optrex drops, Optrex Clearine and Eye Dew compete with Murine and Brolene in what has become the most competitive sector.

Although the largest drop brand in the UK, Optrex drops — which offer a portable version of the lotion — have strong competition from drops containing vasoconstrictors or anti-infectives. Clearine, Eye Dew and Murine all contain naphazoline hydrochloride to constrict the blood vessels and reduce redness. They are collectively positioned against red eyes caused by everyday situations such as dusty, smoky atmospheres, driving or close work. But while Clearine and Murine are targeted at sufferers looking for symptomatic relief, Eye Dew is promoted as a beauty aid, the brand's appeal being to those seeking eye clarity, namely young females.

Brolene contains propamide isothionate to fight minor

## Ocular disease: The simple and the sinister

**Simon Hardman-Lea MA, FRCS, Queens Medical Centre, Nottingham, says it is important for pharmacists to understand ophthalmic conditions and their therapy, and know how to distinguish the more serious diseases.**

Ocular disease in its more simple form may manifest as red, gritty eyes.

The eyelids can be infected around the lashes giving rise to blepharitis, with skin and eye irritation. The lid margins are red, often with crusts along the lash bases. Similar symptoms may arise from allergy to cosmetics and medications. The lids can also irritate the eye by turning inwards (ectropion) — the lashes then rub the eye — or outwards (exotropion) which allows the ocular surface to become dry.

Infective conjunctivitis can be caused by bacteria, viruses or chlamydiae (organisms with some viral and some bacterial characteristics).

Allergic conjunctivitis is common, especially in hay fever sufferers. Chemical conjunctivitis is also frequent, particularly in those who fail to follow instructions for contact lens solutions. All these conditions cause conjunctival irritation with a "foreign body" sensation, varying from mild grittiness to marked discomfort. The eye appears inflamed and red, although again this varies enormously in severity. The infective causes of conjunctivitis all produce eye stickiness, particularly in the morning.

Pain and disturbed vision have more sinister implications. The cornea is implicated in many diseases. Viruses can produce surface ulceration in herpes simplex infections; bacteria can cause severe and unpleasant ulcers and abscess formation while fungi produce possibly the worst corneal infections. Allergy to eyelid infections may result in peripheral corneal ulceration.

Trauma can lead to all forms of damage ranging from simple abrasions or adherent foreign bodies to major penetrating injury. Radiation from welding arcs and sun lamps gives rise to a very painful but self-limiting corneal surface breakdown. All these conditions produce foreign body pain, often with visual deterioration and conjunctival inflammation.

Conditions which inflame the interior of the eye are termed uveitis. Rarely, this may be infective, but more commonly is either due to underlying association with arthritic disease or is idiopathic. The symptoms of uveitis are of pain especially with sensitivity to bright lights (photophobia) and misty vision.

Glaucoma is the term for abnormally high pressure within the eye. There are two forms: the first is a slow increase in pressure

which is asymptomatic until a fall in vision is noticed later in the disease process, requiring specialist ophthalmic examination for diagnosis. The second form produces a sudden rise in intra-ocular pressure, which results in severe aching pain with nausea and visual impairment.

Cataract is a clouding of the normally crystal clear lens, sometimes provoked by trauma or steroid treatment, and produces gradual visual deterioration.

Retinal disease also produces impaired vision. Retinal detachment from the underlying layers of the eye may be idiopathic but is also seen in the very short-sighted, after trauma or in those with a strong family history of the problem. Vascular occlusions are usually secondary to high blood pressure, while diabetes mellitus frequently produces retinal damage which can affect vision.

With this range of diseases, the difficulty for the pharmacist lies in distinguishing those for which his customer must seek medical advice. There are some simple rules to consider, mainly applying to the history given.

Is the vision affected? If so it is not safe to advise anything other than to seek medical attention. Is there a sensation of grittiness or foreign body? If there is no

stickiness suggesting overt infection and the lid appears normal, then simple astringent or lubricating drops and ointment are warranted in the first instance. Again, medical consultation is required if the condition does not improve.

A simple examination is also useful in detecting ingrowing lashes or foreign bodies. Any corneal opacity in the context of a sore eye needs medical attention.

Fortunately, the pharmacist may be spared the burden of dealing with the problems of cataract and retinal disease as most of the general public will, if experiencing a visual disturbance rather than discomfort, seek advice from their optician first!

### Common ocular medication

Blepharitis is usually treated with a topical antibiotic and steroid together with regular lash cleansing with sodium bicarbonate or baby shampoo (a very effective measure).

Infective conjunctivitis requires topical antibiotics: the most commonly used in the UK is chloramphenicol, but gentamicin and tetracycline are also valuable. Allergic conjunctivitis often



# arket

infections, or to protect a superficially damaged eye from possible infection.

Spring and Summer months, May to September, represent the highest consumer off-take. Warmer, drier weather tends to create conditions in which eye discomfort is more prevalent. Manufacturers therefore, tend to concentrate media and promotional activity around this time in order to capitalise on this opportunity. Nevertheless, sales of eye care products remain strong all year round, with the worst Winter months of November – February reaching three-quarters of the sales of the best summer months July-August.

## Distribution

Most OTC eye care products are P registered, although Optrex lotion has a GSL licence. While pharmacies enjoy a monopoly of

responds well to topical antihistamines but if recurrent may require topical cromoglycate drops to ward off attacks of unsightly and irritating conjunctival swelling. Corneal disease (keratitis) often needs topical antibiotics but may also respond to topical steroids.

Uveitis is normally treated by a combination of topical steroid and topical mydriatics. Occasionally systemic steroids will be deemed necessary. While acute glaucoma needs some form of surgery, chronic glaucoma is treated by beta-blocking agents, miotics such as pilocarpine, adrenergic agonists or carbonic anhydrase inhibitors.

## Preservative problems

One issue related to ophthalmic preparations does not usually receive due attention: the preservative used. Neither benzalkonium chloride nor phenylmercuric nitrate should be instilled with a soft contact lens on the eye as they may be taken up by the lens to cause corneal damage.

Finally, it is wise to remember one acute medical problem common in the pharmacy profession.

Sudden disturbance of vision associated with mydriasis but without pain or other symptoms is often caused by inadvertent application into the eye of some mydriatic substance previously handled. While ophthalmic advice should be sought the condition is, happily, almost always self-limiting.

the drops and ointment sectors, lotions have become widely available in drug stores and supermarkets. However, these outlets account for less than 20 per cent of lotion turnover, and are not set to become a major competitor to pharmacies. Eye care products, helped by resale price maintenance, will continue to be largely the preserve of pharmacies.

## Merchandising and display

With only lotion available for customer self selection, the options for effective in-store merchandising of eye care medicines are somewhat limited, particularly as packs are small.

An effective display can be built around lotion packs on self-selection shelves or gondola ends, and the promotion of drops and ointments can be achieved either through shelf edgers/wobblers or by tailor-made Perspex displays offering access only from the rear. More impact can be achieved with the Optrex counter display which houses lotions for self selection and the complete range of drops, protected from the customer. Window displays with "eye catching" promotional material may attract the impromptu purchase, particularly during Summer.

## The consumer

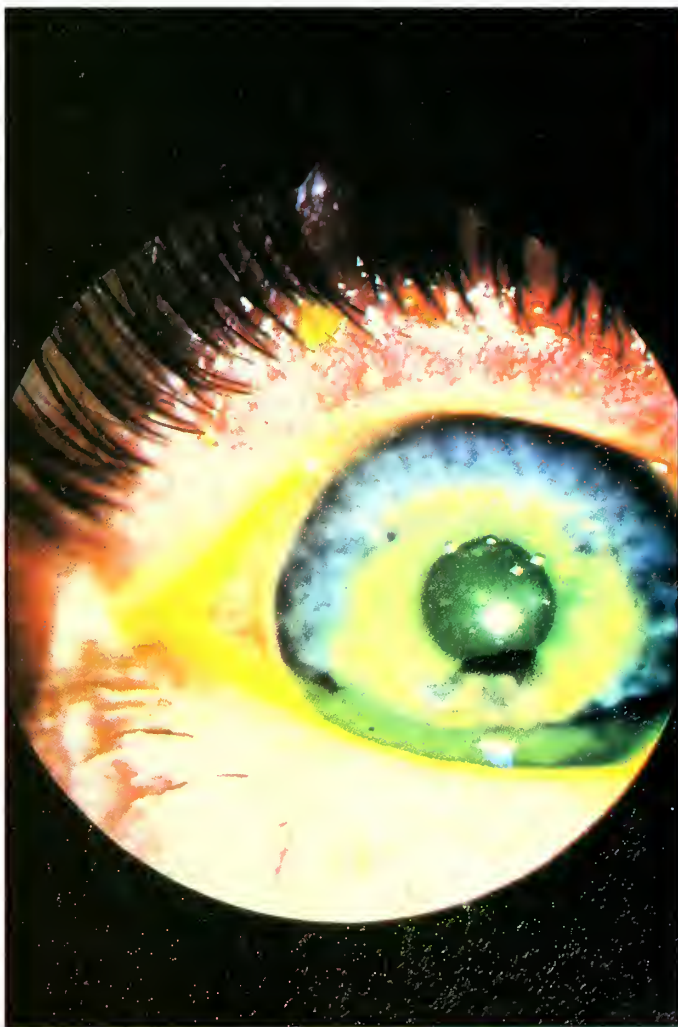
Over half the population have used an eye care brand, although only about 10 per cent of the population use a product monthly or more often. Approximately one person in six has purchased lotion or drops once in the last year and around one quarter of these buy several times a year.

Although nearly twice as many women as men purchase the products, use in the home is virtually identical. The usership profile reflects no significant bias in age or social class demographics. There is however, a disproportionately high number of spectacle and contact lens wearers using eye care medicines, prompted by greater awareness of their eyes generally and the higher incidence of eye problems they experience.

A recent survey revealed that about three out of four adults in the UK would consider using an OTC eye care products if the occasion demanded, while only 25 per cent would not contemplate treatment without reference to a doctor. With only around 10 per cent of the population using eye care "regularly" there are obviously many potential customers who would benefit from the relief of tired, sore and irritated eyes which OTC products can bring.



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# PHARMACY ECONOMICS

By Eric Jensen

## Taking stock of ordering

**It may be worth analysing more closely just how much different methods of ordering cost and whether it might be better to get rid of stock that has been sitting around, whatever the cost.**

Whatever method is used to order stock the most costly element is likely to be your own time. It is salutary to check occasionally on the time taken to write or phone an order, and on how long is spent with a representative. The relative significance of the cost of time will naturally vary with the order size; to devote 15 or 20 minutes to a small order could be completely uneconomic. If we value a pharmacist's time at, say, £8-£10 per hour, a big slice of the *gross* profit could disappear.

There can be benefits from a representative's visit as well as the prospect of making a profit from an order. So we should allow something for the intangibles — information gained, goodwill cemented.

In general, the cost of ordering is about the same whether in tens or in hundreds of pounds. The cost falls as a percentage as the value rises. This is a strong argument in favour of ordering large quantities at long intervals. But the larger the stock, the greater the cost of holding it. A fine balance is needed to arrive at the most profitable policy and it will vary from pharmacy to pharmacy, and from time to time. The size of your stock and of interest rates are significant.

To decide on the most economic order size we could draw up a table: one column would show the cost of ordering, falling proportionally with the increasing value of the order; the other column would show the cost less the benefits of carrying more stock in relation to sales. Where the total cost is lowest for any quantity of goods, that is, in theory, the amount to order.

Practice can be very different from theory. When you order you are, to greater or less degree of risk, forecasting demand. Stock might fail to sell, or might sell much more rapidly than expected, and selling costs or stockholding costs might vary. So a buying formula can serve only as a guide to be interpreted with plenty of common sense and market knowledge.

A formula with helpful implications is  
*Economic order quantity* (ie cash value of the order to be placed)

$$= \sqrt{\frac{2 \times \text{value of annual consumption} \times \text{order cost}}{\text{stockholding cost as a percentage of the value of stock held}}}$$

Let us assume, for example, that the cost of placing an order is £1, that the annual sales at cost are £5,000, and that the stock-holding cost is 15 per cent. The 15 per cent is to cover interest sacrificed, insurance, stock valuation, cost of space, heat, lighting for the goods, and so forth.

On the assumptions made the value of the order would be:

$$\frac{2 \times 5,000 \times £1}{15} \quad (15\%) \quad \text{which equals } £258$$

100

If the cost of placing the order were £10 and the stock-holding cost 10 per cent the economic order quantity would be £1,000. With annual sales at cost of £10,000, order cost £10 and stock-holding cost 10 per cent the order quantity would be £1,414.

The key implication of these figures lies in the square root sign: we should not double our order simply because we expect sales to double.

It would be impractical to work out an equation every time an order was placed. But the equation shows the danger of over ordering and the importance of ordering and stock holding costs.

The rate of stockturn — the total annual sales at cost divided by the average stockholding at cost — varies greatly. The extremes are not to be accounted for merely by the different circumstances of individual pharmacies. Many pharmacies must have on the shelves at least £1,000

of "surplus" stock. In some cases the advantages of higher gross margins obtained by bulk buying have been exaggerated.

No gross profit is made until product has been sold, and slow-movers eat up profit. A sound principle is to calculate the gross profit on an annual basis. How many times a year is the gross profit per sale realised? Twelve times 25 per cent beats  $6 \times 30$  per cent!

Let us assume we have liberated £1,000 by getting rid of slow movers, and that we invest this in stock which will sell six times a year at a gross profit of 25 per cent on the retail price or  $33\frac{1}{3}$  per cent on cost. At the end of two months the £1,000 will have grown to £1,333 approximately. If the £1,333 is re-invested in further stock it will grow after another two months to £1,777, and if the re-investment process is continued the original £1,000 will have become, at the end of a year, £5,620 approximately. Here again we have been applying theory which might not be fully applicable in practice. Nonetheless we have highlighted the returns obtainable by repeated re-investment of capital in stock and the substantial cost of holding surplus stock.

There is always some risk in buying stock, and it is doubtful whether any proprietor pharmacist would claim never to have made buying mistakes. If surplus stock cannot be dealt with by the reinvestment procedure described, there are alternatives.

"Surplus" stock can be defined as goods which, for any reason, cannot be sold at all or cannot be sold at the normal price and at the usual rate for such goods. The following are suggested ways of dealing with it.

1. **Sell at the normal price and rate.** Clearly the ideal solution. The suggestion is meant as a reminder that stock thought to be surplus might not be. Before condemning stock to the surplus group it's worth asking is defective marketing the reason for failure to sell the articles? Have the goods been given a fair chance? Sometimes items have been forgotten or staff are biased against them. If we feel we are "landed" with someone else's buying mistake, are we wholehearted in promoting it?
2. **Reduce the price.** Resale price maintenance could bar this method. If not, action should be both prompt and thorough.
3. **Give the goods away.** If there is no chance of selling the goods there might be at least the prospect of winning some goodwill! Care must be taken not to damage relationships with the manufacturers of the product, (see below), and suggestion 5 could be tried.
4. **Destroy the items.** It is sound psychology to get rid of a constant reproach! And some of the costs of holding stock will be removed.
5. **Return to the supplier** for credit, part credit, or exchange. If goods are exchanged, care should be taken that more shelf-warmers will not be substituted. When part credit is offered the principle mentioned under 2 should be kept in mind.
6. **Co-operate with other pharmacists with a similar problem.** There is sometimes a demand for items, dispensary or OTC, only a short distance from where they will not move.
7. **Hold on in hope.** This is the policy, or lack of positive policy, in many cases. Otherwise valuers would not have to reject stock as not within the "good, clean, saleable" stipulation when a pharmacy is transferred.
8. **Offer to dealers in surplus stock** where the law permits. The price is unlikely to be as high as where a sale can be made to another retail pharmacist. But the method can be speedy, especially where large quantities are involved.
9. **Instruct specialist valuers to offer.** This can be especially helpful when an entire pharmacy stock is for disposal.

*Eric Jensen, B.Com, MPS, FIPharm, MInstM, is a business consultant, lecturer and author of books in retailing, self development and mental health.*



# Current thinking at Varta

**Varta celebrate their 100th anniversary this year and are planning to make further inroads into the UK consumer battery market. *C&D* last week went to West Germany with some of Varta's UK marketing team to discover more about what is claimed to be Europe's largest battery manufacturer, and learn a little more about how it plans to triple its market share over the next three years.**

Varta is unlikely to be a particularly familiar brand name to many UK pharmacists but if you drive a BMW, use push button telephones or Braun appliances the chances are that you already use the company's products.

The company's beginnings can be traced back to a firm that started making batteries on an industrial scale a hundred years ago.

In 1885, Adolph Müller who worked for a company making electrical lighting systems, heard of a storage battery which engineer Henri Tudor had built in Luxembourg. The storage battery was coupled with a dynamo. The dynamo charged the storage battery and electricity could then be tapped from the battery without fluctuations. This was an improvement over earlier DC electrical systems which gave a variable supply because there was no way of equalising voltage fluctuations of dynamos used in the early generators.

Adolph Müller was enthusiastic about the Tudor system and acquired the sole agency for the product in Germany.

## Starting out

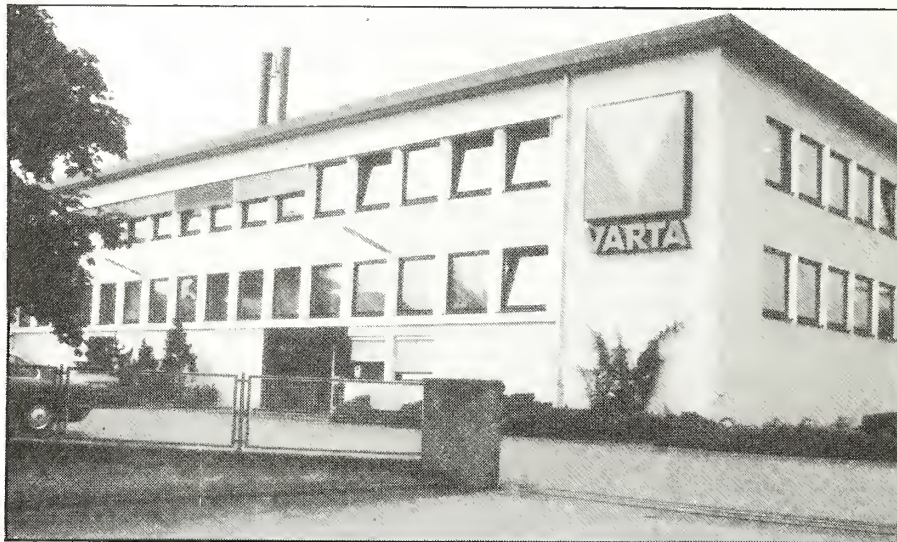
On December 27, 1887, Adolph Müller established the firm of Büsche & Müller in Hagen. In 1888, in the premises of an old forge, he began industrial production of storage batteries based on the Tudor system. AFA (Accumulatorefabrik-Aktiengesellschaft) arose from the original company on January 1, 1890 and Varta was formed as a subsidiary company at the beginning of the 20th Century.

From the end of last Century and the early part of this Century business boomed, but the First World War and its aftermath proved a major set-back for AFA: its network of foreign subsidiaries and agencies was shattered. There was another problem too; overland power stations were replacing DC generating stations and demand for stationary storage batteries for lighting and machinery was dropping.

In 1923 Günther Quandt took over management of the company and created a new direction. He developed markets for mobile storage batteries, particularly ones used for starting car engines.

After taking over Pertrix Chemische Fabrik AG, a company making dry batteries, in 1926, AFA consisted of four sectors covering manufacture of stationary storage batteries (AFA), mobile Edison accumulators (DEAC), starter batteries (Varta) and primary cells — dry batteries (Pertrix).

In 1962 the company name was changed from AFA to Varta because of the recognition gained by the starter batteries like the ones found in BMWs, first introduced in the 1920's.



The link with BMW goes further than just supplying batteries. Varta is still majority owned by the Quandt family and the same group owns BMW and Milupa.

Starter battery sales still form the largest part of the company's business — 38 per cent of worldwide sales in 1987 — but the consumer business is growing fast and in 1987 accounted for 35 per cent of worldwide sales.

Today Varta claim to be the biggest European battery manufacturer in turnover terms with sales last year of £600m. With more than 13,000 employees worldwide working in 24 factories, the company sells batteries in more than 100 countries.

Apart from expensive German cars, Varta batteries can be found in a range of appliances including Braun clocks, as a constantly recharging power source for the memory in push button telephones, DHSS hearing aids, police walkie talkies and even on the moon, inside Neil Armstrong's Hasselblad camera. So, as UK sales and marketing director Chris Ash puts it "Varta is no slowcoach in the battery market."

They also make batteries for Superdrug to sell under their own brand name as they do for Kodak who market them as Xtralife and Photolife.

In Germany Varta batteries are claimed to rule the consumer market with a 40 per cent share of sales. In the UK, where they have been available since 1971, they are less widely bought, with a brandshare said to be around 5 per cent of the total consumer battery market.

However, under the leadership of recently appointed MD John Dickinson, brought in from Kraft who until recently owned Duracell, Varta hope to triple their UK brand share over

the next three years.

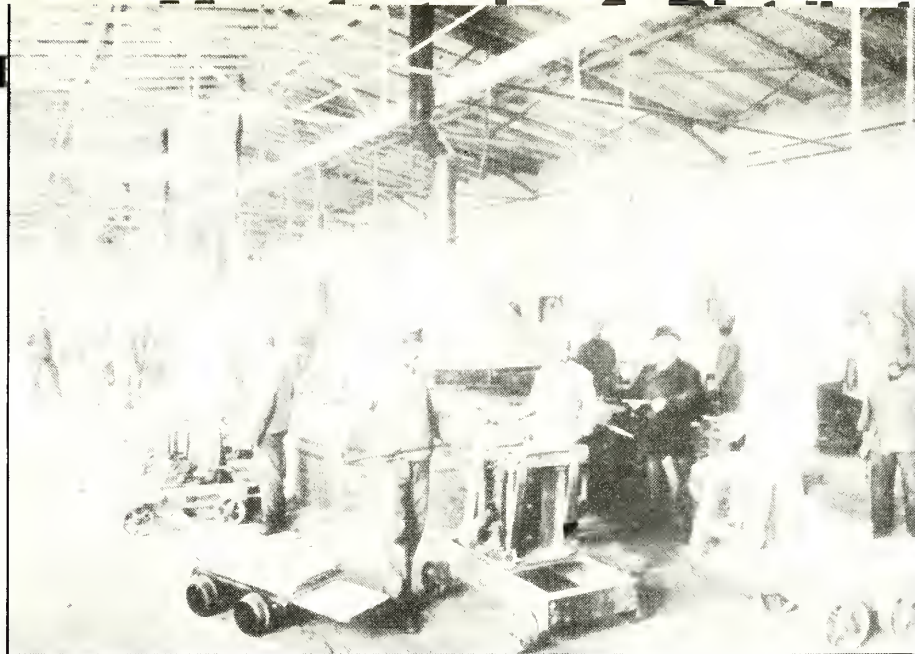
To help achieve increased share in the UK Varta are relaunching their consumer batteries (see also **Counterpoints**). Announcing the move, Chris Ash said last week that Varta currently enjoys its best distribution in the UK in Scottish and Harlech television regions selling mainly from stores in the Dee Corporation Group such as Gateway and Fine Fare, and from Budgen outlets. The company is hoping to add at least one other major retail group to that list this year.

Mr Ash admits that some attempts to gain share in the past have been less successful than the company had hoped. Recent research indicates that consumers are confused by the wide choice of apparently different batteries — the Varta Energy 2000 sub-brand, now discontinued, introduced to highlight longer lasting alkaline batteries was an example. People also believe batteries run down and go flat quite quickly when left in the air. And they find the current packs difficult to extract batteries from.

Varta now plan to address these and other points in their bid to make further inroads into the UK market. But they do not plan to try to "buy" share with consumer advertising. That has been tried in the past and did not work. As Chris Ash explains: "In 1984 we spent £1m on television advertising; unfortunately in the same year Duracell spent twice as much".

So this time Varta plan to win sales on the merits of their product and its presentation, by making it more consumer friendly. The new range, to be introduced next month, is expected to be on shelf by September. From the company that claims to have been first in the UK to blister pack and date code batteries





### "We're no slowcoach in the battery market"

*The foundry at the Hagen factory c1920 (above) and a present day facility at the site near Dischingen that makes alkaline cells (far left). Pictured left is John Dickinson, Varta UK's new MD and, right, some of the UK marketing team with the new UK product: (left to right) Mike Morris, trade development manager, Chris Ash, sales and marketing manager, Paul Fildes, marketing manager and Tina Finch, trade development manager.*

will come carded batteries in individual compartments, so they can be taken out one at a time, with a "fresh by" date on them to indicate how long they will last. The range is being simplified, offering two lines instead of three: alkaline batteries in black with a touch of gold (seen by consumers to indicate long lasting, expensive batteries) and zinc chloride batteries in silver (seen as the next best thing to alkaline batteries).

Chris Ash accepts that making waves in the battery market is not easy. But he is confident that the new package will go a long way to taking Varta where they want to go. "Our biggest hurdle will be the first purchase," he says. Once people realise that any alkaline battery lasts up to six times longer than a zinc carbon cell then he feels the hardest job will have been done.



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**Build-up** Fortified Soups are being launched in June 1988 with a nationwide advertising campaign in the national press together with high impact point of sale material.

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# NEWS FROM GERMANY

## Partial victory

Much to the relief of pharmacists, the Bonn Government has run into deep trouble with its proposed measures to curb health spending. Faced with considerable disagreement within the coalition, the final plans put to Parliament contained several changes from the original ideas (*C&D* March 12, 1988) and fresh doubts have been expressed on all sides that the projected savings can be achieved.

Whether or not the first ever protest march and rally of pharmacists, that attracted some 2,000 pharmacy owners and employees and which received wide television and Press coverage, played any part in the Government's change of plans, or dispelled the public image of pharmacists as gold diggers, will never be known.

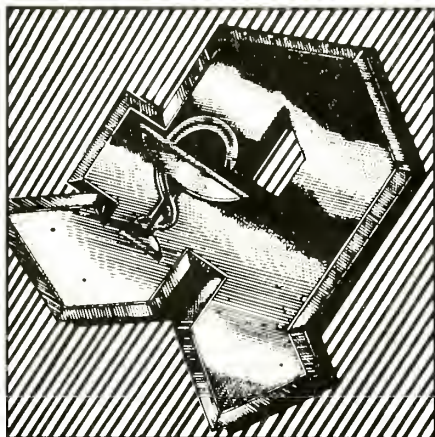
The most important concession for pharmacists is that the rebate they have to pay to the Health Insurance Schemes is not, after all, to be increased. The need to continue the uniform price of drugs in all pharmacies has also been accepted, but the Government is sticking to its proposals to have a basic, reimbursable price not only for products with the same active ingredient (for which there is grudging support), but to extend this principle over two years to "products of pharmacologically and clinically equivalent ingredients" and to "those with pharmacologically equivalent modes of action". It is these two classes of compounds about which the battle continues. If the Government wins, pharmacists could face the nightmare of highly complicated calculations when faced with say, a prescription for five different items, all to be differently charged, depending on which category they fall into.

Citing the uncertainties about the effects of the proposed reforms on future profits, the employers' side has cancelled the annual pay negotiations with employed pharmacists, saying they were unable at present to offer a pay increase this year.

## Sex change on the cheap

Perhaps because they are apparently so often mistaken for counter assistants and asked to fetch the pharmacist, some fairly militant female members of the profession in Germany, have for some time, had their own occasional "women's page" in the *Deutsche Apotheker Zeitung* magazine. This frequently contains a grumble about sexist advertisements.

A novel cautionary tale appeared on this page from one woman who decided to send her qualification certificate back to have the word "Apotheker" — male pharmacist — changed to its female equivalent,



"Apothekerin". Imagine her speechless rage, when her old certificate was merely returned to her, with "Apotheker" asterisked and a small footnote in one corner stating "changed into Apothekerin".

## Diversify to survive

With all the dire warnings about the effects on profitability and jobs of the health funding reforms, pharmacists have come up with some novel ideas to attract more customers. One enterprising pharmacist is offering a computer-based, vaccination and holiday medicines advice service.

Some two months before going abroad, he supplies a timetable of all the necessary inoculations and injections required for a given destination, any likely side effects and advice on any drugs that need to be taken before or during the visit, (eg malaria tablets), together with possible interactions with the customer's existing medication. For this service he charges £2.35 for personal callers and £3.50 by post. Already he has interested over 150 local travel agents in the scheme that is the result of several year's data collection from organisations such as the World Health Organisation. The pharmacist is also willing to sell the computer program to colleagues.

Over the border in Switzerland, one pharmacist now offers to rent out a holiday emergency pack of drugs and dressings worth about £62.50. To rent the collection, the composition of which varies depending on the area to be visited, costs £4.30 for two weeks, with payment for used items on return.

Another new venture for pharmacists is a water testing service to screen customers' drinking water and that in home aquaria, ponds and swimming pools for colour, clarity, smell, pH, hardness and substances such as ammonia, nitrates, nitrites and if desired, other salts and metals.

These reports come from a correspondent with acknowledgements to the German pharmaceutical Press: *Deutsche Apotheker Zeitung* and *Pharmazeutische Zeitung*.

## European drug habits

Yet again, the French have emerged as Europe's top consumers of medicines, with 1,615 single doses per patient per year. The UK was in second place with 1,555, closely followed by the Italians. Then came the Belgians, with the Germans (1,074) and Austrians (993) some way behind.

However, the Dutch pay out most for their health care, with private and public outlay on health some 14 per cent of GNP, compared to 11 per cent in Germany and Italy and 8-9 per cent in Ireland, Denmark, France and Belgium. Only Spain and Portugal (6 per cent) spend less than Great Britain (7 per cent). A different picture emerges when the proportion of total expenditure spent on drugs is analysed. Here Spain tops the league with 20 per cent, followed by Portugal (18 per cent), France (16 per cent) and Germany (15 per cent). Britain lies in the middle with 11 per cent while Holland devotes only 6 per cent to drugs and Denmark occupies the bottom place with a mere 4 per cent.

In Germany the pattern of drug usage is changing, with use of vitamins, analgesics and anxiolytics declining but agents for the treatment of cardiovascular diseases showing an increase with the rise in numbers of elderly in the population.

## Infertility from pollution

Over the last 25 years, the number of young couples unable to have children has risen in Germany from around 7 per cent to 20 per cent. An expert has suggested that this marked increase is due to more environmental pollution.

In addition to the well-known effects of nicotine and alcohol on fertility and the established dangers of cytotoxics and anaesthetics, lindane, aldrin and DDT have been found in the maternal and foetal blood in miscarriages and spontaneous abortions. Well over half the miscarriages in the first trimester are due to pathological chromosome changes and an increased rate of still births have been found in shoe factory workers in contact with solvents and glues.

Doctors' delegates at their annual conference defeated a motion calling for a complete ban on experimentation of embryos by the narrowest of margins — 107 to 99. Those against a ban felt it could jeopardise medical advances and pointed out that *in vitro* fertilisation would have been impossible without such research. Nevertheless, the cultivation of embryos for research and gene transfer is forbidden in the new professional code.



# POSTBAG

## Council are fooling themselves...

It is not, and never has been my pleasure to castigate the Council of the Pharmaceutical Society regarding the line of action it decides upon. My feeling has always been that those willing to take on the job deserve as much support as we can possibly give them. But I think the majority of the Council are fooling themselves and treating the members of the Society as idiots if they think we are unaware of the proposals that have been placed before us regarding supervision, and that we couldn't understand what was afoot.

It was interesting to see in print, the actual debate, though I found some of the remarks that were made quite unsupportable. It would appear that some Council members find it quite impossible to accept that the law should be our masters. Suddenly, after decades of working within legal controls, it now becomes fashionable to find such controls abhorrent. Perhaps the most surprising part of the debate is the lack of reason for the change in the rules of supervision. How does

the change advance the state of pharmacy? What are we getting for the step down in our authority and responsibilities?

Is the Council being led by the nose to agree with the DHSS on something that the membership is unaware! Alan Nathan let it be known that "our monopoly" of dispensing depended on our acceptance of this relaxation. Is this then a bargain basement where we allow our integrity to be flouted because of some possible bargains on offer?

We have lost the best option — a second pharmacist allowance — on the basis of cost (presumably). What option have we taken in its place? Is it now in order to condemn pharmacists who actually soil their hands by dispensing? One would think that outside the shop there is a queue of people waiting to see the pharmacist. The NPA promotion of "Ask you pharmacist you'll be getting good advice" has been very good, but not that good! Even if we see 80 people a day this does not prevent a pharmacist losing his ability to properly supervise the prescription.

The Society is wrong to dismiss the motion that was passed at the AGM, and I call on members to re-affirm the motion I put and I will look forward to receiving support for action.

Perhaps the most worrying aspect of the Council's report is

that it put down the success of the motion tabled at the AGM to poor PR work on its part. Apparently it feels that no other alternative could possibly be acceptable to the decisions it makes. Actually Council members do a great disservice to the president, who spelt out in detail the implications before the vote was taken.

Two points have not been raised. "Locums" will be able to override any established practice if they so desire providing the pharmacy they are in charge of is using that procedure the Society is advocating. If the procedure is based on present arrangements the locum will not be able to advance the "new procedure".

The second point, is what happens when the pharmacist peruses a prescription and passes it to a technician for completion, and a mistake is made. The pharmacist is reported and could well be ordered to attend a meeting of the Society's Statutory Committee. Presumably there will be no case to answer since the pharmacist was carrying out the procedure advocated by the Society. Who does the Society answer to in such a case? What happens to the technician? And most important of all, what happens to the patient!!

John Davies  
Wiveliscombe

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# Faverin and the Press: Duphar respond

There has been some alarm caused by the recent incorrect reports concerning the adverse effects of fluvoxamine (Faverin). We share the concern of the CSM about this misinterpretation of their data and we would like to clarify the situation.

The source of newspaper articles was the CSM "Current Problems" issue No.22 concerning the fluvoxamine (Faverin) adverse reactions profile, which was received by the Press prior to general circulation to the medical profession, and is based on the CSM Update data (*British Medical Journal* May 7, p1319).

The Licensing Authority has now stated quite categorically that in its view the five deaths notified to them were not attributable to Faverin. During research with Faverin, there has been no indication of life threatening adverse events.

Duphar, as a research based company, has consistently made an innovative contribution to the therapeutic field. This involvement does not stop with the development of a new medicine but continues with post marketing surveillance by the company. In building experience with a new medicine it is in the interests of patients, clinicians and the pharmaceutical industry that as full an understanding of the new product is gained as possible.

The current attention paid to stimulating the reporting of Adverse Drug Reactions — the so-called Yellow Card and PEM Red Alert Schemes — which this company wholeheartedly supports — has resulted in an overall increase of notifications. In the case of fluvoxamine this led to the reported 961 notifications.

Incidental reporting does mean, however, that there is no relevant and up-to-date comparative data available. We do not know how, for example, other antidepressants would appear if exposed to the same analysis. We are reassured by the fact that the notifications received by the CSM have been consistent, in type and nature, with the side effects profile identified by our own clinical experience involving over 700,000 patients in Europe.

Faverin is effective in the treatment of symptoms of depressive illness and when prescribed correctly its benefits

outweigh the adverse reactions associated with its use. Faverin remains available for prescribing as a valuable treatment possibility for a doctor faced with a depressed patient.

G.M. Kats  
Managing director, Duphar

## Council 'muddled' on supervision

Alan Rogers suspects that a deal is being struck between Council and the Department of Health on supervision. (*C&D* June 11, p1140). According to Alan Nathan (*C&D* May 28, p1043), speaking as a member of Council to the Young Pharmacists Group on May 15, it has already been done.

The deal is that enough "reassessment in practice procedures to appease the government" has been conceded under pressure, in exchange for the profession retaining its

"monopoly of dispensing and sales of pharmacy (only) medicines".

There is, however, one fatal flaw; we do not have a monopoly in the dispensing of medicines. Section 55 of the Medicines Act gives total exemption from our so-called monopoly to individual doctors, dentists and vets; and partial exemptions, at the Minister's discretion, to individual nurses and midwives. At present this only affects pharmacies in rural and suburban areas. Repeal the one mile rule provided for in the NHS Act and the flood gates will open.

It follows, therefore, that Council has given something for nothing and thereby throws open to question its ability to negotiate on our behalf.

Moreover, Council admits its concession requires an amendment to Section 52 of the Medicines Act. This will further weaken the position of our profession. The special motion carried at the AGM, which Council has rejected, does not require such an amendment; yet it does make wide-ranging concessions in practice procedures without giving anything away. The sorry state in which we find ourselves has been

brought about by muddled thinking at Lambeth. There has been complete failure to recognise that the Medicines Act does not require supervision of the dispensing process. It only requires the supervision of the sale or supply of the end product.

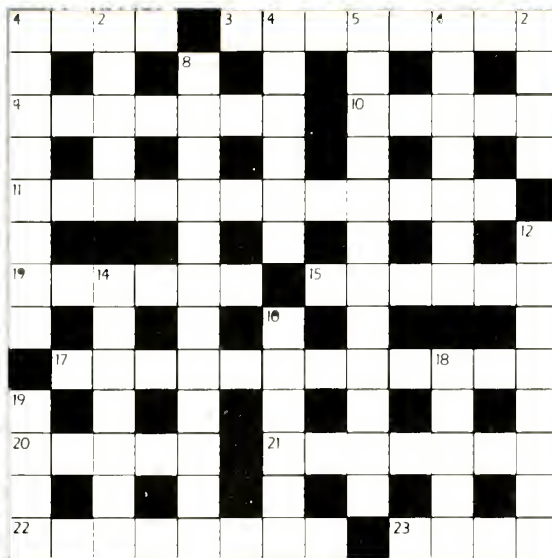
K. Jack Knight  
Crewkerne



Peter Norman, managing director of Parfums Givenchy Ltd, with HRH The Princess Margaret at a gala dinner sponsored by Givenchy last month in aid of the Royal Ballet Benevolent Fund and The Benesh Institute of Choreology

## WYETH GENERICS PHARMACY CROSSWORD NO. 4

The solution to No. 4 will appear alongside No. 5 in July, 1988.



### Clues Across

- 1 Used to keep the medicine in (4)
- 3 Dance of the lepidoptera? (4 4)
- 9 Laze around with Art in the quarantine hospital (7)
- 10 A bit of value to the collector (5)
- 11 Felt relief for all walks of life (4 8)
- 13 Rest or move to a holiday haunt (6)
- 15 Incant, involve, and find the acid (6)
- 17 Snaps when this material is used (12)
- 20 Disease returns to oil operations (5)
- 21 Dour Len takes a spin with a plate (7)
- 22 The aim of every Pharmacist is to do this (4 4)
- 23 This is one way out (4)

### Clues Down

- 1 This remedy is not to be sniffed at (4 4)
- 2 An accessory to a sharp practice (5)
- 4 Bandit not related by marriage (6)
- 5 A little brain is required to solve this (12)
- 6 Neurosis begins in a shower of rain to form a vitamin (7)
- 7 Sediment disturbed when eels writhe (4)
- 8 Confused reports a pain medicines are the result (12)
- 12 Pointed reference to botany (8)
- 14 Learned schoolboy (7)
- 16 Mushroom growth (6)
- 18 Here's health! (5)
- 19 See an heroic story in the pictures (4)

Submitted by W.H. Baker, South Humberdale

### Solution to Puzzle No. 3

Across: Wyeth 4 Ague 8 Indoctinate 9 Totalitarian 10 Religiosity  
11 Hippopotamus 18 Beryl 19 Rated Down: 1 Whistler 2 End all 3 Heckling  
5 Generous 6 Lethally 7 Write to 11 Bite 12 Imply 13 Imp 14 Utter 15 Limit  
16 Use

Prizes of £5 will be awarded to the senders of the first 10 correct solutions drawn on 8th July 1988.

Name \_\_\_\_\_ No. 4

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C&D \_\_\_\_\_

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# BUSINESS NEWS

## An Asset for custom

Asset Card, which developed from an idea for an electronic Green Shield stamp, may soon be tested in a retail chain in the UK.

The card is similar to a plastic credit card and can be given to customers to record "bonus points" for each purchase they make. The card is read electronically and updated with each purchase. Points recorded could then be used to "buy" goods or to qualify for a cash discount.

Paul Holt, managing director of the Paul Holt Group who are promoting the card in the UK, told *C&D* that it could also be used to build up information about customers. The machine that reads the card can be connected to a computer making it possible to record buying patterns of users.

And he does not see it being confined to use by large groups. Small chains of five or six outlets could use it, he says, although they would have to buy the equipment for reading the cards — around £400-£500 per reading device. More information from Paul Holt on 01-434 1868.

## Weighing up

Self Care Products have introduced their first product, a hand held computerised device for estimating body fat.

Directors of the new company include R. Levin, FPS, currently managing director of Rybar Laboratories, and retail pharmacist R. Malde. The purpose of the company is to source sophisticated devices in the health care field which are simple for a layman to use, and market them to the public.

The company's first line is the Futrex-500, sales of which are initially aimed at sports centres and clinics. By using a light wand which emits an infra red signal the device claims to provide an accurate measurement of body fat.

The device costs £995. Further details from *Self-Care Products Ltd.* Tel: 0494 722741.

## Ward's last words?

Following Macarthy's decision to withdraw their bid for Unichem and to file a complaint under the Treaty of Rome (see *Business News*, *C&D*, June 11, p1164) their chairman Nicholas Ward has written to the co-op's members, who, he says, "have the right to understand fully the nature of the revised proposal" which was rejected by Unichem's Board. He has sent a copy of those proposals with his letter.

Mr Ward says he regrets Unichem's decision, and thanks members who returned pink forms, but gives no hints on new moves. Although on the lookout for "new opportunities", Mr Ward has said he is unlikely to approach Unichem again.

"We never regarded Unichem as a takeover target," says Mr Ward in the letter, "but as an ideal merger partner."

The letter outlines how he sought a meeting with David Mair to agree how negotiations be conducted, and details the £89m offer (which he says would have been worth £22,000 for each member), to be paid *pro-rata* to shareholders, with the £20m

deferred consideration linked to overall turnover by Unichem members.

Mr Ward also lists certain conditions which included that the Office of Fair Trading did not refer the merger to the MMC, and that, if it did and Macarthy pursued it, that it was not found to operate against the public interest; that appropriate tax clearances were obtained, and no material adverse change to the financial or trading position of Unichem occurred after the date of the proposals; and the receipt and satisfactory review of Unichem's management accounts this year, as well as forecasts and budgets for 1988.

He required confirmation through discussion with Unichem executives of the "synergistic" benefits, and says he was prepared to consider March 31 as a cut of point for Unichem members who would be included in the deal, not January 22 as originally suggested.

Shareholders reaction to Macarthy's moves and an outline of the group's plan for the coming year were expected on Thursday at their annual meeting.

business while liaison through the medical subsidiary will provide further opportunities for the manufacture of new products.

## Rocket north

Rand Rocket are relocating from Hitchen to Consett where the company expects to employ at least 40 people.

The new site will provide room to expand the £2.6m operation and reduce running costs. It is hoped to raise sales above £3m by next year.

Three of the present staff will be going to the new factory; the managing director, the Revd Randolph Vickers, his son Michael as general manager and their marketing manager. The new address as from July 1 will be: ABCare House, Hownsgill Industrial Park, Consett, co Durham DH8 7NU. Tel: 0207 591099.

## OFT clears Becton

Becton Dickinson have been cleared of allegations of anti-competitive pricing by the Office of Fair Trading who said the prices charged were not lower than cost, but a legitimate commercial response in an increasingly competitive market.

Becton Dickinson, who denied the allegation brought last October (see *C&D*, October 10, p751) said the official confirmation came as some relief. "We can now direct all our energies to implementing programmes to further support our customers."

## AIDS boost for LIG

Increasing awareness of the AIDS crisis boosted LIG's condom sales and subsequent profits last year. The sector contributed to a 16 per cent rise in pre-tax profits to £31.5m on turnover up 20 per cent to £302.7m, for the year ending March 31.

This, however, includes six months' sales from Hatu-Ico the Italian condom, toiletries and medical products company which was bought in September and merged with LIG's Spanish operations.

Capital expenditure on increasing condom manufacturing was one factor leaving the company with an increased debt to equity ratio. Increased funds were spent on educational materials, product research and advertising.

Money was also invested in photographic mini-labs, part of the home products and service division. Increased market share for Colourcare is noted, and the newly acquired Rotary, Alpine and Sunshine have been integrated and are performing well. Royal Worcester Spode, however, had what LIG call a "difficult" year. They recently announced their intention to sell the group.

The directors recommended a final dividend of 4.25 pence per share.

## Philip Harris buy Novara

Distributors Philip Harris Holdings have bought Novara Ltd, who manufacture disposable laboratory products, injection and blow moulded plastic components.

The deal involves 30 per cent ordinary share interest in Novara with an option to acquire the remaining 70 per cent by 1992.

Based in Newcastle on Tyne, Novara has ISO 9002 and BS5750 Part 2 approval for quality systems but also holds a manufacturing license under the Medicines Act plus FDA approval for the production of IUD components.

According to David Linney, managing director of Philip Harris Medical, Novara will continue to expand its pharmaceutical



## Drug companies: bid warning

Pharmaceutical companies in the UK could be subject to predatory take over bids by Swiss concerns if Rowntree, the York based confectionary concern, comes under the control of Nestle or Suchard, Mr Conal Gregory (Con) has warned in the Commons.

He stressed that the Swiss, anxious to compensate for their exclusion from the European Community, were ready to exploit the opportunities for acquiring well established companies prior to the completion of the single EC market in 1992.

Mr Gregory said "The picking off of a major confectionery company will be out but the first of the British ripe cherries: pharmaceutical companies and others will follow suit".

The decision not to refer the battle for control of Rowntree to the Monopolies and Mergers Commission was strongly defended by Mr Kenneth Clarke, the chief spokesman for the DTI.

He rejected the "little Englander" approach to company ownership at a time when British overseas investment was running at record levels and insisted: "The nationality of companies is becoming increasingly irrelevant in modern trading conditions."

## At CANTAB

CANTAB have won two contracts worth over £200,000 for the first phases of trials for Japanese pharmaceutical companies.

The contracts, for work on products to be marketed internationally, will be carried out at the company's Huntingdon and Sheffield units, and are planned for completion by the Autumn.

When CANTAB set up a year ago they established a joint venture agreement with the Osaka Pharmacology Research Clinic in Japan which gives European clients access to the Japanese facilities.



*M&M and JCD Brokerage recently got together to recognise the contribution of companies in distributing their black beauty toiletry ranges. President of M&M in Atlanta, Georgia, Cornell McBride flew to London for the presentation. He is pictured here (centre) with six companies who received awards for their contribution (left to right): Bill Barnes of McDonalds Warehouse, Michael Patel of Beauty Care, Fida Mohammed of B. Fairall, L. Gupta of Double Gee, Francis Owuekese of Dyke & Dryden, and Wesley Ferguson of Michael James Consultancy*

## "European" defence aids Sunday traders

An increasing number of traders who ignore the restrictions of the Shops Acts by opening for business on Sundays are expected to plead the "European" defence when brought before the courts. And according to a survey of enforcement action and legal problems made at the direct request of the Attorney General, there is a chance that many will succeed in having their cases delayed for as long as two years.

The defence was first used at Bodmin Crown Court in November, when a trader appealed against conviction by magistrates on the ground that the Shops Act 1950 conflicted with Article 30 of the Treaty of Rome.

He argued that as he stocked a large amount of goods from the European Community, of which a significant proportion was sold on Sundays, the Act amounted to a "quantitative restriction" on the import of EC goods — which Article 30 prohibits.

The Court decided to refer the matter to the European Court of Justice for a definitive interpretation of the Treaty. Since then a second reference has been made in a case brought against a trader by Shrewsbury borough council, and others are pending.

Although the legal effect of a reference to the European Court is that the case concerned is suspended, defendants in other cases have argued that proceedings against them should be adjourned until the European Court has ruled.

Some courts have accepted this argument, despite a decision of the High Court last year that

there is no conflict between the Shops Act and Article 30. On this occasion Mr Justice Millett declared himself satisfied that the defendant's real concern was to obtain a two year delay "so that they may continue to trade in infringement of the criminal law and at profit to themselves..."

The Government has as yet expressed no view on the "European" defence, although the Attorney General recently indicated in a Parliamentary answer that he does not consider the question one that affected responsibility for enforcement of the Act.

Meanwhile, the Association of District Councils has sent to him at his request details of enforcement action taken by members and of the legal problems they have encountered since January last year. The Association has voiced support for the scrapping of Sunday Trading restrictions.

It now plans to meet Home Office Minister Mr Timothy Renton to make its members' views known before fresh proposals for a change in the law.

**An attempt by Conservative backbenchers** to reform the law on Sunday Trading by adding a new clause to the Criminal Justice Bill has failed. The clause to remove the restriction on trading hours imposed by the Shops Act 1950, was not selected for discussion.

**Rybar Laboratories** are now at 30 Sycamore Road, Amersham, Bucks HP6 5DR. The telephone number has been changed to (0494) 722741.

## Glaxo form new divisions

Glaxo Laboratories are forming new divisions in a move designed to improve services in the different sectors.

Two new divisions have been formed. The Hospital Division will focus on marketing the company's injectable antibiotics and other hospital products, and will be headed by a new sales and marketing manager Colin Bateman, who joins the company from Merck Sharp & Dohme.

And the Allied Division will market topical steroids such as Eumovate, Efcortelan and Dermovate, and Ceporex. Dr Roger Watson, previously marketing planning manager with Glaxo Laboratories becomes sales and marketing manager of this division.

Jim Cameron and Dr Tom Lang have been appointed to two new posts of marketing manager, and will be responsible for Zantac and Zinnet respectively.

Meanwhile Terry Norman remains sales director and Dr David Jackson remains director of the Medical Division, and has also been appointed to the Board of Glaxo Laboratories.

## ... and in Japan

Glaxo Group's latest antibiotic, cefuroxime axetil, is being launched in Japan, under the name of Oracef.

Nippon Glaxo, an associate company of Glaxo Group, is co-marketing with Sankyo Co Ltd, and a joint-venture company, Glaxo-Sankyo. They say total sales of this cephalosporin type of oral product in Japan are close to £600m, nearly 50 per cent of the world market.

Glaxo have already had success in Japan with their injectable cephalosporin ceftazidime (branded Modacin) which has become the fastest growing antibiotic of its type in Japan, the company claims.



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# ABOUT PEOPLE

## Touch of old Cornwall

A Cornish chemist shop was turned into a rare museum piece recently, when pharmacist Hilda Chanter put on a display of pharmaceutical artefacts dating back 120 years.

There have been chemists in Mrs Chanter's town, Lostwithiel, since the 1840's, but the first to be registered at her address, 13 Fore Street, was a Thomas Cuthbertson in 1873.

Following that there was a stream of long term pharmacies who obviously kept on the old business materials. Mrs Chanter took them over with the shop when she bought it in 1972 from Frank Whiteway.

Before retiring and disposing

of the goods Mrs Chanter decided to convert her store room and show off the artefacts including fittings, bottles, weights, pill makes and powder folders and even a bottle of cocaine wine. And the old art was demonstrated by her original apprentice master Ernie Burrows.

He is pictured here (right) with the mayor and mayoress (far left and right) Dennis and Dawn Hutchings, while Mrs Chanter is picture second from left.

"Visiting schools were fascinated by the display," she says, "and we were visited by a lot of retired professionals including Mary Burr, past president of the Society."



Norbury pharmacist William Patterson was the lucky winner of a Ford Fiesta in a joint anagram and the break prize draw promotion by Unichem and L'Oreal. Pictured left to right outside the shop with the prize are Terry Donnelly (fleet sales manager, Alexanders), winner William Patterson, Tony Foreman (general sales manager, Unichem) and Ken Wells (national account manager, L'Oreal)

## Boots' Jane is tops!

Boots shop assistant Jane Smith, has won the *Daily Mail* Shop Assistant of the year competition. Jane beat seven other finalists to win the title and a prize of a holiday in the Caribbean, a Ford Fiesta and £1,000.

The Boots branch in The Parade, Northampton where Jane works, will be one of the first stores to set up a Customer Panel as part of Boots new national scheme (see *Business News*, June 11, p1166).

## FIP trip for cytotoxic problem solving duo

Work on an extravasation kit for use in hospitals has won two pharmacists a ticket to this year's International Pharmaceutical Conference in Australia.

Janet McNeece and Jill Lightly have been working on the package for two years. It collates all the information available — with updates on lessons as they are learned — on dealing with the problem of a drug leak into veins when giving cytotoxic treatment.

"It doesn't happen often so it's not a problem that's dealt with regularly," says Janet, who works at Leeds General Infirmary. "But when it does it's useful to have information to hand. A doctor here once had the problem at midnight and it took several hours to trace the correct antidote. The drug leaking outside the blood vessel can damage the cells in that area."

The package also includes a manual on the background to the

information, and tips on problems connected with certain drugs, as well as items likely to be of use at the time of an injection, like ice packs.

The two pharmacists designed a poster about their work and results, which won them one of six tickets to the conference in David Bull Laboratories' poster competition. The second ticket was presented to them by the Leeds General Infirmary and

Pinderfields pharmaceutical and drug information centre, where Jill Lightly is a clinical pharmacist.

"Going to the conference in September will give us a chance to publicise our work and find out what has been done in Australia," says Janet.

**The Wellcome Foundation:** Steve Bartlett is appointed commercial manager of the consumer division.



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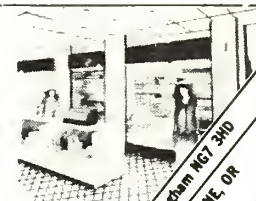


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PR Freeze Spray, the number one pain reliever for sprains, bruises and muscular pain, is going to really turn the heat on the competition.

And here's how:

New pack design. No one will be able to miss this striking new design. It's going to pick up sales even faster.

Stand-out ads in the national press. A whole series of new PR advertisements are now appearing in national newspapers.

At £1½ million, it's the biggest campaign PR has ever had.

Give PR Freeze Spray up front display and pride of place on your shelves.

Remember, this is PR's market – people ask for it by name.

So much so, that PR already accounts for 86% of all freeze spray sales.

No wonder the opposition is simply going to melt right away!



Behind the best names